Review of Alternatives to Incarceration Efforts Worldwide

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Introduction

This report was compiled by graduate students in the Capstone Course in International Crime and Justice, for the Master of Arts Degree Program in International Crime and Justice (ICJ770), during the spring, 2021 semester.

The Master of Arts in International Crime and Justice at John Jay College of Criminal Justice prepares students from around the world to address the challenges posed by the growing phenomenon of international crime. Under the direction of John Jay faculty who are both distinguished scholars from multiple disciplines and practitioners in the field, students develop a deep understanding of the nature and impact of international crime and the domestic and international responses to it. This program of study was created in 2009 and has a current enrollment of 140 students.

Students in the Capstone Course participated in the U.S. State Department's Diplomacy Lab. Launched by the Department of State in 2013, Diplomacy Lab is a public-private partnership that enables the State Department to "course-source" research related to foreign policy challenges by harnessing the efforts of students and faculty experts at colleges and universities across the United States. Diplomacy Lab is a partnership between the Department and U.S. colleges and universities, including John Jay College of Criminal Justice (CUNY). Partner schools participating in Diplomacy Lab conduct research around various topics presented to them by the State Department. Over the course of a semester, professors guide students in developing a final work product that accomplishes the goals outlined by the Department. Students have opportunities throughout the semester to discuss their research with U.S. Department of State officials. [https://www.state.gov/diplomacy-lab]

The project completed for Diplomacy Lab by this cohort of IC&J Capstone Course graduate students was entitled "Review of Alternatives to Incarceration Efforts Worldwide." It was completed in spring semester of 2021, for the Drug Demand Reduction Section, Office of Global Policy and Programs, Bureau of International Narcotics and Law Enforcement Affairs of the U.S. State Department.

Substance use disorders are reoccurring chronic, often relapsing disease that affect the brain and should be treated within the public health arena similar to other diseases such as diabetes and heart disease. This understanding, however, does not easily find its way into public or social policy. Persons suffering from untreated substance use disorders most often end up in the criminal justice system because of criminal activity related to their disease and the need to support their addiction. The criminal justice system becomes the repository of individuals with substance use disorders and that system may be the first-place people suffering from the disease enter treatment. Therefore, opportunities for treatment interventions occur along the justice continuum from arrest to prosecution to sentencing to incarceration to release. Creating systematic treatment interventions which offer treatment in lieu of incarceration or further prosecution results in reduced criminal activity and increases opportunities for recovery.

In the United Nations General Assembly Special Session on the World Drug Problem (UNGASS) in 2016, UN member states agreed on an important outcome document on the way forward to focus on drug demand reduction and supply reduction issues.[1] In that document member states agreed that the public health sector and the criminal justice system should work together to find more way to address nonviolent offender suffering from substance use.

The goal of the project was to research the readiness of countries to establish or expand alternatives to incarceration (ATIs) for persons with substance use disorders (SUDs) in countries around the globe. This report answers that question by gathering, compiling and analyzing information on alternatives to incarceration for persons involved in the criminal justice with substance use disorders, worldwide (193 UN Member States plus Greenland, Kosovo, Palestine and Taiwan). As such, this report presents the first attempt to compile this information globally and completely. A video of the webinar meeting with the presentation of results is available at: https://www.youtube.com/watch?v=p3_h6hMOvTc.

Students worked in teams to cover world regions, as follows:

Emma Barton & Parkash Garcha, Oceania, Canada, United States
Marc Gale, Karen Giraldo & Bianca Suazo, Latin America and the Caribbean
Matthew Jobson & Meera Martin, Western Europe
Charlotte Drozd & Arlinda Xhuveli, Eastern Europe
Katelyn Ferguson & Aimee Hanstein, Middle East and North Africa (MENA)
Josephine Kehm & Lindsay Lerner, Francophone Africa
Anne Fatooh & Brianna Rivers, rest of Africa
Devon McManamon and Mervyn Payne, Asia

Methods

Students in the class first attended class sessions with background reading and guest speakers on the topic of this report – alternatives to incarceration for the treatment of substance use disorders (SUDs).[2] We focused on evidence-based treatment[3] in our readings, and

[1] UNODC (2016) Outcome document of the 2016 UN General Assembly Special Session on the World Drug Problem. https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf

[2] SUD – as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) of the American Psychiatric Association, and explained here: https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health/; for the purpose of our study, we limited SUDs to those involving illicit drugs.

[3] Evidence-based treatment refers to that which is based on scientific research. See Principle 4 of the International Standards for the Treatment of Drug Use Disorders. WHO & UNODC (2020). *International standards for the treatment of drug use disorders: Revised edition incorporating*

in our information-gathering. Students were divided into eight regional teams based on their cultural and language skills. (These regions are loosely aligned with geopolitical divisions, but not entirely.) With our U.S. State Department liaison, we designed an annotated table template, with six main elements:

1. Do laws allow for ATIs for persons with SUDs?
2. Does national drug control strategy allow for development of ATI for persons with SUDs?
3. Does public opinion support ATI for persons with SUDs?
4. What is the nature of the professional drug treatment community?
5. Are there ATIs in operation or under consideration for persons with SUDs?
6. What are the major barriers impeding the development of ATIs for persons with SUDS?

To address the above questions, teams researched the available evidence, which is current as of June 2021. The information gathered for this report was the result of a global literature search using the resources of the Lloyd Sealy Library of John Jay College of Criminal Justice, the world wide web, and in some instances, local expert interviews. Students' language proficiency enabled them to access information in French, Spanish, Polish, Albanian, Portuguese, and Italian. Students generated a fully annotated table for each country covered. The references to each table appear as endnotes at the end of the report, starting on page 475.

Professor Rosemary Barberet and U.S. State Department liaison Charlotte Sisson reviewed the first draft of all tables, and a second version of each table was produced based on their feedback.

The students, professor and U.S. State Department liaison then developed a coding scheme for information contained in the tables and coded country information to produce statistics and maps. Our coding scheme was as below in Table 1:

---

results of field-testing (p. 11). https://www.unodc.org/documents/drug-prevention-and-treatment/UNODC-WHO_International_Standards_Treatment_Drug_Use_Disorders_April_2020.pdf

Table 1. Coding Scheme

Column 1. Do laws allow for ATIs for SUDs?
1- yes 2- yes, but not implemented 3- no
Column 2 -Does national drug control strategy allow for development of ATIs for SUDs?
1- yes 2- no 3- No mention 4- N/A, there is no drug control strategy in place
Column 3 - Does public opinion support ATIs for SUDs?
1- supportive of ATIs for SUDs 2- not supportive 3- No information available
Column 4 - What is the nature of the professional drug treatment community?
1- Developed in more than one sector (public, private, NGO) 2- Some evidence-based treatment (one sector) 3- Not evidence-based 4- Non-existent 5- N/A No evidence
Column 5 – What ATIs are in operation or under consideration for SUDs?
1- Yes, there is evidence of 1 or more ATIs in operation 2- Yes, but the ATI(s) is/are only under consideration 3- No (there are none in operation or under consideration) 4- Uncertain (information is not conclusive)

Finally, the regional teams drafted analysis memos based on all the data they had gathered.

Limitations

There are several limitations to this report. First, the information gathered was mainly primary and secondary information from documents that were publicly available. Our use of expert interviews was minimal. We tried to corroborate information across more

than one source; however, in some instances, only one source was available. Where we found mixed or inconclusive evidence, we say so. We aimed for the most recent information available.

The global pandemic inevitably influenced our results. For example, many countries have national drug control strategies that have not been updated past 2020. Other countries were quick to enact alternatives to incarceration because of prison overcrowding and the risk of contagion, and it is unclear at this point if those are temporary or permanent alternatives. It is possible that more alternatives to incarceration have been enacted since the compiling of this report.

Second, our coding for maps and statistics was done at the national level. We are aware that there may be great variation *within countries* as to existing laws, availability of drug treatment, and availability of alternatives to incarceration. Our report does not capture within-country variation in detail, although there is some mention of it in the annotated tables.

Third, although the research team was multilingual, we were not able to read all world languages. We used google translate to access those we could not understand, with all the caveats of that translation method.

Fourth, we made every effort to provide a link for the resources cited. However, readers will know that some journals are accessible only by paid subscription, and that available links to other resources are not always stable. The information in this report is current as of June 2021.

Acknowledgements

We would like to thank the assistance of the follow persons who helped us understand this topic or guided us in our research:

Our project liaison: Charlotte Sisson, Team Lead of the Drug Demand Reduction Section of the Office of Global Policy and Programs, Bureau of International Narcotics and Law Enforcement Affairs

Tiffany Barry, International Consultant and Former Head, Guyana Drug Information Network, National Anti-Narcotics Agency, Georgetown, Guyana
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Jac Charlier, Executive Director, TASC's Center for Health and Justice and Executive Director, Police, Treatment, and Community Collaborative (PTACC), Chicago, Illinois USA
Marc Krupanski, Senior Program Officer, Community Health & Criminal Justice, Public Health Program, Open Society Foundations, New York, USA
Antonio Lomba, Chief of the Institutional Strengthening Unit at the Executive Secretary of the Inter-American Drug Abuse Control Commission (CICAD), Secretariat for Multidimensional Security of the Organization of the American States (OAS), Washington, D.C., USA
Paula Meneses Álvarez, Social Worker, Tribunales de Tratamiento de Drogas - Adolescentes, Zona Metropolitana Santiago de Chile, Santiago de Chile, Chile
N. Prabha Unnithan, PhD, Immediate Past President, Academy of Criminal Justice Sciences and John. N. Stern Distinguished Professor, Department of Sociology, Colorado State University, Fort Collins, Colorado, USA
John Jay College of Criminal Justice Office of Advancement of Research

Regional and world maps for this report were created by Arlinda Xhuveli. The introduction and acknowledgements and conclusions were written by Rosemary Barberet. Final editing and proofreading of this report were done by Rosemary Barberet, Meera Martin and Anne Fatooh. Final compilation of the report was done by Vanessa Gutiérrez, Graduate Academic Advisor to the Master of Arts Degree Program in International Crime and Justice, Office of Graduate Studies, John Jay College of Criminal Justice.

The information and analysis presented in this report do not necessarily represent the views of John Jay College of Criminal Justice, CUNY, or the U.S. State Department.

For further information, please contact Dr. Rosemary Barberet, rbarberet@jjay.cuny.edu

Acronyms used in this report

ASEAN	Association of Southeast Asian Nations
ATI	Alternative to Incarceration
CARICOM	Caribbean Community
CICAD	Inter-American Drug Abuse Control Commission
CoE	Council of Europe
ECOWAS	Economic Community of West African States (in French, CEDEAO)
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
INL	Bureau of International Narcotics and Law Enforcement Affairs+
INTERPOL	The International Criminal Police Organization
ISSUP	International Society of Substance Use Professionals
MEM	Multilateral Evaluation Mechanism
NGO	Non-Governmental Organization
OAS	Organization of American States
OAS-SMS	Organization of American States Secretariat for Multidimensional Security
OECD	Organisation for Economic Co-operation and Development
OHCHR	Office of the United Nations High Commissioner for Human Rights
OSAC	U.S. Department of State Overseas Security Advisory Council
OSCE	Organization for Security and Co-operation in Europe
PAHO	Pan American Health Organization
PWID	Persons Who Inject Drugs
SHERLOC	Sharing Electronic Resources and Laws on Crime https://sherloc.unodc.org
SUD	Substance Use Disorder
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNODC	United Nations Office on Drugs and Crime
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
USAID	United States Agency for International Development
WHO	World Health Organization

Oceania
Team1

Regional Maps

USA/Canada

Figure 2. Does national drug control strategy allow for development of ATI for SUDs?

USA/Canada

Figure 3. Does public opinion support ATI for SUDs?

USA/Canada

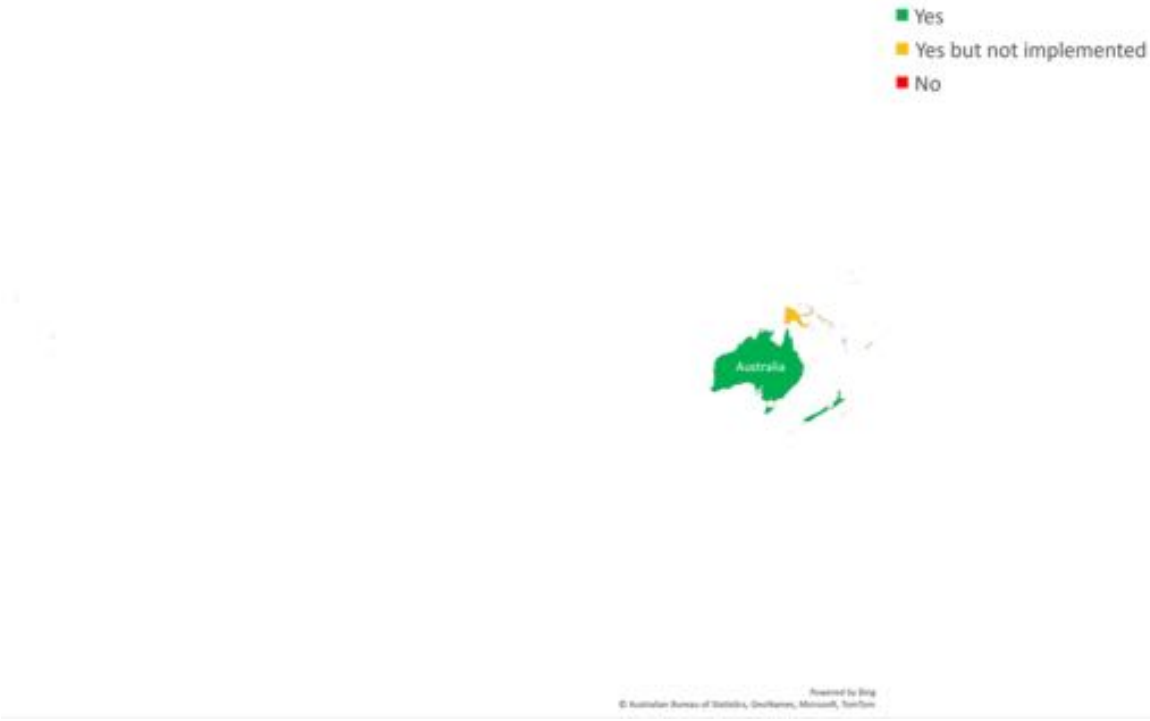
Figure 4. What is the nature of the professional drug treatment community?

USA/Canada

Figure 5. Are there ATIs in operation or under consideration for SUDs?

Oceania

Figure 1. Do laws allow ATI for SUDs?

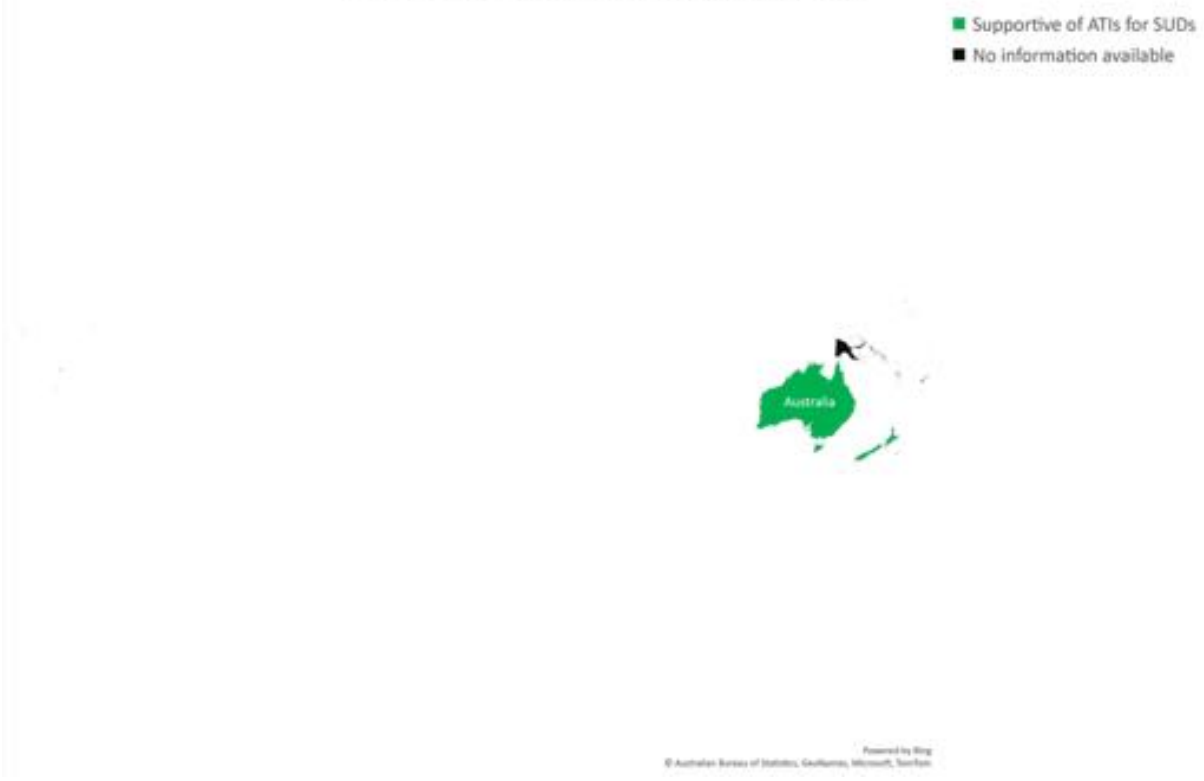


Oceania

Figure 2. Does national drug control strategy allow for development of ATI for SUDs?

Oceania

Figure 3. Does public opinion support ATI for SUDs?

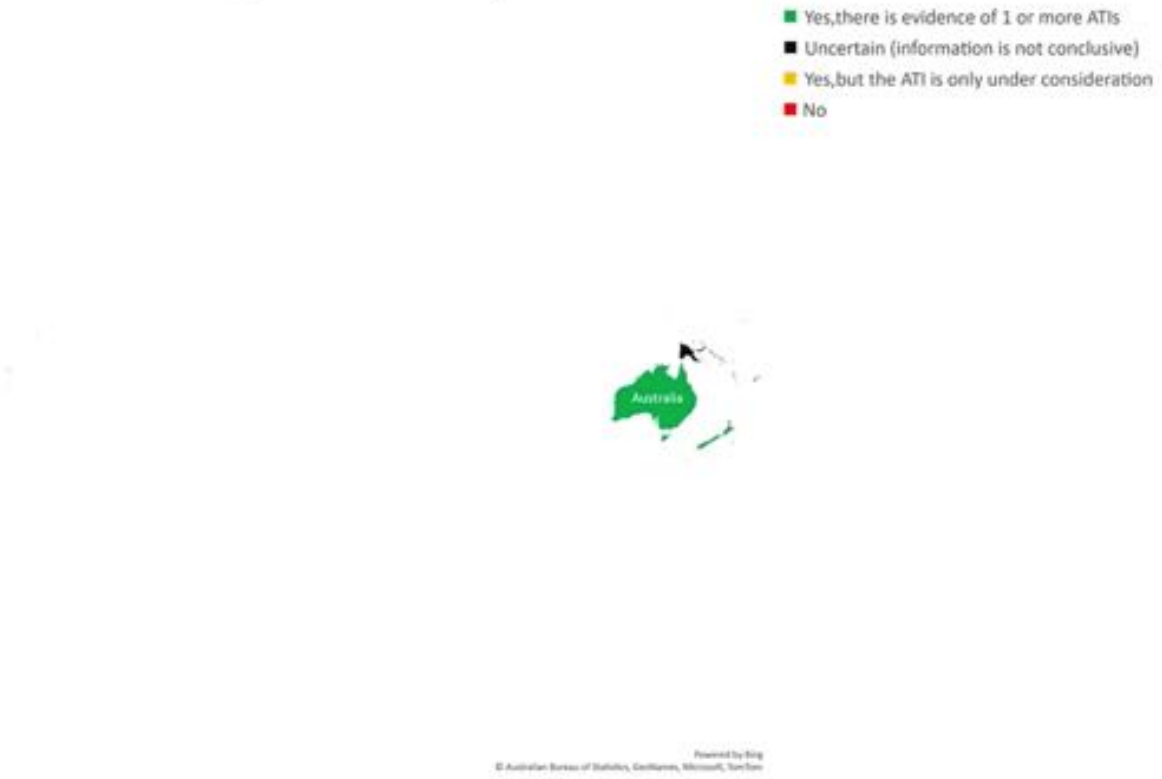


Oceania

Figure 4. What is the nature of the professional drug treatment community?

Oceania

Figure 5. Are there ATIs in operation or under consideration for SUDs?



Country Tables

Australia

<table>
<tr>
<th>1. Do laws allow for ATIs for SUDs? If so, are these laws implemented?</th>
<th>2. Does national drug control strategy allow for development of ATIs for SUDs?</th>
<th>3. Does public opinion support ATIs for SUDs?</th>
<th>4. What is the nature of the professional drug treatment community?</th>
<th>5. Which ATIs are in (1) operation or (2) under consideration by the govt. for SUDs?</th>
<th>6. What are the major barriers impeding the development of ATIs for SUDs?</th>
</tr>
<tr>
<td>

	No
	Yes, but not implemented
X	Yes

Yes, Australian laws allow for ATIs for persons with SUDs. Australia is composed of six states and two mainland territories, each having their own sentencing laws and frameworks in separate legislation.[1]

State / Territory	Sentencing Law	
Commonwealth / Federal	Crimes Act 1914	Division 5 Subdivision D: covers sentencing alternatives, Division 9 covers sentencing alternatives for people with mental illness.[2]
New South Wales (NSW)	Crimes (Sentencing Procedure) Act 1999	In law: Part 2 Division 3 Section 11: references

</td>
<td>Yes, Australia's National Drug Strategy mentions evidenced-based treatment and tailoring treatment to the needs of offenders, but references to ATIs for persons with SUDs are minimal.[13] National Framework for Alcohol, Tobacco and Other Drug Treatment 2019–29 does not stress ATIs specifically but stresses the importance of de-stigmatization of persons with SUDs and person-centered treatment.[14]</td>
<td>A study in Victoria found that the public is open and accepting to policies that increase the usage of ATIs especially for special populations like drug-addicted offenders.[15] Another study found that 66% of people supported the use of ATIs for drug-addicted offenders.[1617] The public who comprised Citizen Juries recommended educational</td>
<td>Australia has extensive alcohol and other drug (AOD) treatment services across the country. There are over 1,283 public funded AOD treatment services.[20] The Alcohol and Drug Foundation provides the government recommended directory. Services seem geographically varied with some specializations in specific populations like Aboriginals, juveniles, families, and religious communities. Many of these services are</td>
<td>

1	2	ATI
X		Drug Court
X		Community Service Sentencing
X		Non-Custodial Community Programs
X		Electronic Monitoring in lieu of Incarceration
X		Pretrial Services Programs
X		Pre-Arrest Administrative Referrals to Treatment
X		Pretrial Diversion, Dismissal, Suspension or Bail
X		Sentence Postponement, Deferred Sentencing, Probation/Supervision
X		Early Release, Parole, Pardon

Australia has many ATIs for persons with SUDs that vary from state to state. Individual</td>
<td>There do not seem to be major barriers impeding the development of ATIs for persons with SUDs. Certain laws within the specific states, like the Commonwealth, Western Australia, Southern Australia, and Northern Territory, could be reevaluated to incorporate more evidenced-based resolutions within their sentencing laws.</td>
</tr>
</table>

1. Do laws allow for ATIs for SUDs? If so, are these laws implemented?			2. Does national drug control strategy allow for development of ATIs for SUDs?	3. Does public opinion support ATIs for SUDs?	4. What is the nature of the professional drug treatment community?	5. Which ATIs are in (1) operation or (2) under consideration by the govt. for SUDs?	6. What are the major barriers impeding the development of ATIs for SUDs?
		deferral of sentences for rehabilitation or intervention programs.[3] Overall goal is to avoid unnecessary punishment.[4]		and vocational treatment for persons with SUDs arguing that prison practices can be problematic and a large burden on the public.[18] Drug courts are seen to reduce reconviction rates.[19]	free.[21] Healthdirect, a national public health information service refers to Family Drug Support Australia or Counselling Online for 24-hour support.[22] There are several advanced degree options for SUDs from various universities. The National Centre for Education and Training on Addiction (NCETA) also offers training activities. There are also vocational and education training options.[23][24][25][26]	state laws and policies should be consulted.	
Queensland	Penalties and Sentencing Act 1992	Part 3 Division 1 Subdivision 1, 15C references drug offenders and diversion alternatives.[5]					
South Australia	Criminal Law (Sentencing) Act 1988	Section 24 references penalties without conviction and drug offenders are considered.[6]					
Tasmania	Sentencing Act 1997	Part 3A references drug treatment orders for					

1. Do laws allow for ATIs for SUDs? If so, are these laws implemented?			2. Does national drug control strategy allow for development of ATIs for SUDs?	3. Does public opinion support ATIs for SUDs?	4. What is the nature of the professional drug treatment community?	5. Which ATIs are in (1) operation or (2) under consideration by the govt. for SUDs?	6. What are the major barriers impeding the development of ATIs for SUDs?
		drug offenses.[7]					
Victoria	Sentencing Act 1991	Part 3 Division 2 references custodial orders drug treatment orders and drug courts are referenced.[8]					
Western Australia	Sentencing Act 1995	Part 6 covers the release of offenders without sentence. ATIs are covered and drug treatments referenced if needed.[9]					
Australian Capital Territory	Crimes (Sentencing) Act 2005	Part 4.2B covers drug and alcohol treatment assessments Part 5.4A covers treatment orders.[10]					

1. Do laws allow for ATIs for SUDs? If so, are these laws implemented?			2. Does national drug control strategy allow for development of ATIs for SUDs?	3. Does public opinion support ATIs for SUDs?	4. What is the nature of the professional drug treatment community?	5. Which ATIs are in (1) operation or (2) under consideration by the govt. for SUDs?	6. What are the major barriers impeding the development of ATIs for SUDs?
Northern Territory	Sentencing Act NT	References ATIs and drug treatments, but not specifically for SUDS.[11]					
Information from 1st and 2nd Columns[12]							

Canada

<table>
<tr><th>1. Do laws allow for ATIs for SUDs? If so, are these laws implemented?</th><th>2. Does national drug control strategy allow for development of ATIs for SUDs?</th><th>3. Does public opinion support ATIs for SUDs?</th><th>4. What is the nature of the professional drug treatment community?</th><th>5. Which ATIs are in (1) operation or (2) under consideration by the govt. for SUDs?</th><th>6. What are the major barriers impeding the development of ATIs for SUDs?</th></tr>
<tr>
<td>
<table>
<tr><td></td><td>No</td></tr>
<tr><td></td><td>Yes, but not implemented</td></tr>
<tr><td>X</td><td>Yes</td></tr>
</table>

Yes, federal Canadian drug laws allow for ATIs for persons with SUDs. The current legal framework for drugs in Canada is the Controlled Drugs and Substances Act (CDSA) which has been recently reworked to include harm reduction services.[27]

According to the Canadian Criminal Code Section 717, alternative measures may be used when sentencing if the measures are properly authorized by the Attorney General or other authority appropriate figures, if it meets the needs of the society and alleged person, the person consents to
</td>
<td>Yes, the national drug policy of Canada does allow for the development of ATIs for persons with SUDs. The National Anti-Drug Strategy was announced on October 4, 2007. Part of this strategy includes the Treatment Action Plan which aims to develop innovative and collaborative approaches to drug treatment such as the Drug Treatment Court Funding Program (DTCFP) which funds drug treatment courts.[29] Additionally, the Canadian Drugs and Substances Strategy (CDSS) that is currently in force was announced by the Minister of Health on December 12, 2016, and outlines the governmental response to substance use issues.[30] This strategy is an evidence-based approach that focuses on prevention,</td>
<td>It is evident through published governmental polls, research articles, and newspaper articles that the public does support ATIs for persons with SUDs.

An Angus Reid poll published by the Canadian Department of Justice revealed that ATIs were supported for crimes like drug possession and the main objective was rehabilitation.[32]

A recent review from the Canadian Medical Association uncovered that many people believe that mental illness is underfunded and should receive the same funding as physical illnesses.[33]</td>
<td>The nature of the professional drug treatment community within Canada is well-developed.

The Canadian Centre on Substance Use and Addiction (CCSA) is responsible for the development of treatment for persons with SUDs. Funding is incorporated within the annual budget and they are mostly funded by taxes. Inpatient and outpatient medical detoxification are available and for alcohol and substance use disorders.[34] Individuals who partake in drug courts receive clinical case management and social services.

There are also private mental health and addiction treatment centers such as Sunshine Health Coast</td>
<td>
<table>
<tr><th>1</th><th>2</th><th>ATI</th></tr>
<tr><td>X</td><td></td><td>Drug court</td></tr>
<tr><td>X</td><td></td><td>Community Service Sentencing</td></tr>
<tr><td>X</td><td></td><td>Non-Custodial Community Programs</td></tr>
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<tr><td>X</td><td></td><td>Early Release, Parole, Pardon</td></tr>
</table>

Drug courts are in operation and are reflected under The Drug Treatment Court Funding Program.[39]
</td>
<td>The major barriers impeding increasing ATIs for SUDs in Canada are the lack of funding and resources. According to the report published regarding public opinion, it was conveyed that there was a gross lack of funding in treating substance use disorders and that treatment should be taken seriously such as physical illnesses.[45]</td>
</tr>
</table>

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participation, and they accept responsibility of their actions.[28] This section of the criminal code does not specify offenses, but it appears that they are applied on a case-by-case basis following specific guidelines. Additional laws for ATIs for persons with SUDs may vary depending on province.	treatment, harm reduction, and enforcement. Under the treatment, court-monitored treatment and community services are some current ATIs for persons with SUDs.[31]		Centre which employs credentialed, certified, and licensed specialists.[35] The Canadian Centre on Substance Abuse & Addiction published a document on finding quality care in various parts of the country and highlighted those professionals are trained medical doctors, psychiatrists, psychologists, social workers, psychotherapists, nurses, and other certified addiction counselors.[36] For Alberta, the number of outpatient treatment slots for persons with SUDs per week is 487. Moreover, the total number of beds for alcohol and drug use disorders as of 2010 is 1,289 for Alberta and 741 for Ontario.[37] There are NGOs working on both alcohol and drug use disorders.[38]	Community Service Sentences are in use and supported for some minor offenses such as possession of marijuana.[40] Non-Custodial Community Programs may be granted to participants of drug treatment court upon completion of treatment. Electronic Monitoring instead of incarceration may be granted to persons with SUDs based on their case.[41] Pretrial Services Programs are eligible for youth who are held in custody between the ages of twelve and eighteen and are appearing for a bail hearing.[42] Pre-Arrest Administrative Referrals to Treatment Programs are in operation within Canada. Police discretion plays an integral part in the process of individuals getting referred.[43] Parole is based on the case of the offender.[44]	

Federated States of Micronesia

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<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> Yes, the Federated States of Micronesia (FSM) criminal procedure references bail in Title 12 Chapter 6. Probation and parole are referenced, in Chapter 15 Section 1502. If the offender is under the influence at the time they shall not be released on bail while intoxicated but referral to treatment is not specifically mentioned. For any criminal offense that is not first-degree murder, the accused has a right to be released on bail before they are convicted, if they are not an offense to the general public.[46]	No national drug control strategy exists. During the 62nd Commission on Narcotic Drugs, a representative for the FSM stated that drug-related problems were not as acute in Micronesia in comparison to larger states. The efforts to stop drug crime are focused on keeping economic sources drug free, rather than ATIs for persons with SUDs.[47]	No information on public opinion support for ATIs for persons with SUDs.	The Department of Health and Social Affairs (DHSA) is part of the executive branch of the FSM government and is divided into two divisions: the Division of Health and the Division of Social Affairs. The Division of Health oversees substance use prevention and treatment, though treatment is not specifically geared towards those who are facing incarceration.[48] The FSM received grants from the Substance Abuse and Mental Health Service Administration and is also in a Compact of Free Association with the United States. The grants were awarded to enhance surveillance for drugs and promote preventive health messages and	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td>X</td><td></td><td>Early Release, Parole, Pardon</td></tr></table> There is no available information on whether these ATIs are offered country-wide or for persons with SUDs.	Barriers for ATIs for persons with SUDs are the lack of current data on the scope of drug consumption related to crime within FSM, the lack of development of treatment facilities for persons with SUDs, and the lack of a national drug control strategy. Historically, drug use was deemed as not a problem[51], but alcohol usage does seem problematic[5253], especially with many crimes committed being alcohol related.[545556]

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			counseling for drug use.[49]	ATIs are in existence within FSM but research on their use for persons with SUDs is limited. According to the U.S. Overseas Security Advisory Council (OSAC), penalties for possessing, using, or trafficking drugs are severe and those who are convicted often face heavy fines or long jail sentences.[50] While certain ATIs are written into law like probation, bail, and parole, actual data on the usage of these for persons with SUDs is very limited.	

Fiji

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<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> Yes, laws allow for ATIs for persons with SUDs within Fiji, but they are not implemented. The Community Based Correction Bill of 2016 is a piece of legislation to create community-based sentences within the court system.[57] A key aspect of the bill demonstrates the intention of community-based correctional programs specifically for those who require treatment of alcohol and substance abuse.[58]	The Fiji national drug policy is known as the National Medicinal Product Policy and was updated in 2013 from the 1994 Fiji National Drug Policy.[59] The updated policy highlights the intention of collaborating with the health sector but does not mention anything regarding ATIs or SUDs.[60] Based on available information, there is nothing to suggest that the national drug policy allows for the development of ATIs for persons with SUDs.	According to a news article by the Fijivillage, public opinion does support ATIs, but it is not clear whether that support is specific to ATIs for persons with SUDs. Within the article, the acting commissioner of the Fiji Corrections Service attributes overcrowding of prisons with high costs and the lack of use of ATIs.[61] The article does not specifically mention ATIs for persons with SUDs, but it is evident that ATIs are viewed in a positive light.	Healthcare professionals available in the drug treatment community, including psychiatrists, physicians, and general practitioners[62]. The Fiji Ministry of Health provides resources on where to seek mental health treatment, including a counseling hotline and hospitals and wards that may assist but do not mention anything specific to SUDs[63]. Community-based treatments such as needle exchanges are offered.[64]	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> No available information on ATIs for persons with SUDs.	The major barriers impeding the development of ATIs for persons with SUDs include few structural responses, economic conditions, and lack of research and data on drug related crimes and SUDs. The current environment of SUDs is rapidly changing and structural reactions to respond to them are not timely.[65] Additionally, there is a lack of funding which is evident through the fact there is no annual budget for SUD treatment services or an agency responsible for SUD treatment.[66] Lastly, the national drug policy of the country does not address the use of ATIs and does not address SUDs.[67]

Kiribati

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<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> Kiribati laws reference the usage of ATIs but not specifically for persons with SUDs. Bail is written in the penal code.[68] Probation and parole are also mentioned in the law on a limited basis.[69] Drug-related offenses seem to be more transnational in nature due to the lack of resources the government has to fight these organizations.[70] For juveniles, there are laws that aim to provide ATIs, but they do not specifically reference persons with SUDs and are frowned upon for the use of corporal punishment rather than evidence-based	No national drug control strategy exists.	No information on public opinion support for ATI for persons with SUDs.	Professional drug treatment options are not extensive. The drug rehabilitation options offered appeared to not be government-sanctioned and their legitimacy is undetermined.[73] Health care facilities in Kiribati are only adequate for routine medical care with no private health services.[74] Treatment for persons with SUDs was not specifically mentioned but access to mental health counseling which may go along with SUDs was limited. Minimal training is available, leadership options are finite, there is a small workforce. No specific resources appear to be allocated to SUDS treatment or	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td>X</td><td></td><td>Early Release, Parole, Pardon</td></tr></table> There is no available information on whether these ATIs are offered country-wide or for persons with SUDs.	Kiribati seems to be lacking evidence-based research for ATIs for persons with SUDs. While they do take a restorative justice approach when it comes to juvenile offenders, there should be similar considerations for all ages.[79] Research should be conducted on SUDs within Kiribati and how they could tie into mental health and illness. The treatments and services for those with mental health issues are limited so those systems should also have more consideration to try and implement more ATIs for SUDs.[80] Kiribati should also consider ratifying

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interventions.[71] While other forms ATIs may be suggested, they are not incorporated into law or implemented in practice.[72]			mental health services in the government health spending.[75]	Bail is routinely granted for many offenses.[76] Other information on probation and parole is limited. Kiribati had 113 people in 4 prison facilities as of 2016.[77] Information on people in prison with SUDs was not obtained. Diversion agreements are common and used in about 80% of juvenile cases. There is also an Alcohol Awareness and Family Recovery program.[78]	the 1988 UN Drug Convention.[81]

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<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> The laws within the Marshall Islands allow for ATIs; however, SUDs are not specifically referenced, and the actual implementation of those ATIs is difficult to determine. The use of probation is outlined in Title 31, Crimes and Punishments Article 7.[82] The law references the goal to treat and rehabilitate offenders but does not reference methods.[83] The Marshall Islands took part in an Australian Mediation program in 2009, a training with a focus on pre-sentencing, sentencing, and probation. Actual	National drug control strategy does not allow for the development of ATIs for SUDs. The Marshall Islands has a National Strategic Plan which references the need to address social health and substance abuse and the desire to improve behavioral health services relating to substance abuse and mental health.[86] The Ministry of Health's annual report referenced substance abuse awareness counseling under the Ebeye Human Services Program, but there was no mention of ATIs or SUDs.[87]	No current information on public opinion support for ATIs for persons with SUDs. Research in the Marshall Islands is limited in regards to ATIs for SUDs. There do not seem to be many ATIs in practice. Inhalants and alcohol use appear to be of more concern than drug use.[8889]	Professionals specializing in drug treatment and substance addiction vary in the Marshall Islands. Levels of education range from high school to a master's degree. Training that targets specific methods of treatment are present. Goals to expand this field are to develop training, create certification systems, develop SUDs certificate programs, and coordinate with universities to give scholarships to counseling students.[90] Resources for SUDs appear to be limited and are not mentioned on the Ministry of Health website.[91] The Salvation Army has a location in Majuro. This organization offers free residential	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td>X</td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> There is no available information on whether these ATIs are offered country-wide or for persons with SUDs.	Drug use within and outside of prisons appeared to be on the rise in 2020.[9596] To combat this, building up infrastructure and accessibility to treatment is recommended. Creation of laws for persons with SUDs or a creation of a national drug control strategy is recommended. Due to regional size and the size of the prison population, there seems to be limited up to date research on the criminal justice system or any possible benefits of ATIs for persons with SUDs.[97] Prisons often lack resources and these facilities have not

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reference to SUDs is minimal.[84] The criminal code also references the usage of hard labor and community service instead of imprisonment.[85]			rehabilitative drug treatment in the USA, but it is not clear if this extends to locations outside of the U.S.[92]	The Marshall Islands held 35 people in prisons in 2014.[93] While the Marshall Islands seem to have some ATIs in their law, application may be limited in the case of SUDs due to the low rates of crime. The threat of crime is minimal and the most crimes are in relation to break-ins, property theft, or vandalism. Crimes that are related to substance use tend to be linked to alcohol usage and the role it plays in domestic violence incidents, assaults, or vandalism.[94]	been up to code for several years. Unfavorable conditions were cited in human rights reports as well as the U.S. Department of State Human Rights Practices Country Reports,[9899] so seeking and improving ATIs for persons with SUDs should be examined.

Nauru

<table>
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<table>
<tr><td>X</td><td>No</td></tr>
<tr><td></td><td>Yes, but not implemented</td></tr>
<tr><td></td><td>Yes</td></tr>
</table>
No, laws do not allow for ATIs for persons with SUDs. The Crimes Act which was updated in 2016 does mention ATIs such as the conversion of imprisonment to fines.[100] Additionally, the act does not mention drug offenses or any ATI available for persons with SUDs. Additionally, the Correctional Service Act of 2009[101] did not mention anything about ATIs or SUDs. Lastly, the Criminal Procedure Act which was last updated in 2012 does not mention anything about ATI or SUDs.[102]
</td>
<td>No national drug control strategy exists. The Illicit Drug Controls Act has been in force since November 2008.[103] This act does not address ATIs or the issue of persons with SUDs. Additionally, it does not address any strategies or approaches the government of Nauru is taking to address SUDs. Lastly, the Republic of Nauru's Hospital website states that at the time there is no official mental health policy, but drafts.[104]</td>
<td>No information on public opinion support for ATIs for persons with SUDs.</td>
<td>The professional drug treatment community within Nauru is limited. The Republic of Nauru Hospital provides free medical treatment for all citizens, but special treatment is limited to diabetes and other obesity-related diseases at the Naoero Public Health Centre, which is run by the Department of Public Health.[105]

Nauru is a member of the WHO Pacific Islands Mental Health Network and has a Toll-Free Mental Health Help Line.

Facilities on the island consist of 9.8 mental health outpatient facilities and 19.5 psychiatric beds in general hospitals per 100,000 people.[106]

Overall, the drug treatment community is</td>
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<tr><th>1</th><th>2</th><th>ATI</th></tr>
<tr><td></td><td></td><td>Drug Court</td></tr>
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</table>
There are no ATIs for person with SUDs.
</td>
<td>The major barriers impeding the development of ATIs for those who suffer from SUDs in Nauru include limited resources and training, as well as inadequate legislation.

The absence of a national drug policy makes it difficult to assess and effectively tackle the issue.

Public health legislation does not address SUDs and criminal laws do not mention ATIs that are specific to those who suffer from SUDs.

The availability of substance use treatment is limited due to a lack of trained staff</td>
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			limited as the focus is on mental health which is also limited. The mental health policy, which has yet to be implemented, has objectives to develop substance abuse services. Relevant professionals include Physicians, Nurses, and Nurses' Aides.[107]		members and the lack of follow-up on the mental health policy.

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Yes, in New Zealand (NZ) there are laws to allow for ATIs, the approach to offending changed in 1989 with the Children, Young Persons and Their Families Act, which treated incarceration as a last resort.[108] These features were later applied to adult offenders and gave them a "second chance". The Sentencing Act of 2002 established a "range" of sentences, as well as imposing the least restrictive outcomes.[109] The Compulsory Assessment and Treatment Act of 2017 aimed to give treatment for those with severe	Yes, NZ has a National Drug Policy.[111] Part of these drug policies involves goals to minimize harm and to protect the health and wellbeing of citizens, one method is through the Alcohol and Other Drug Treatment Courts (AODTC). The International Narcotics Control Board for New Zealand endorsed the use of ATIs for drug related offenses and recommended that the government consider ATIs for SUDs.[112] Their drug policies highlight the benefits of AODTCs through an anecdotal case study, a 21-month program helped an inmate of 20 years recover.[113]	Yes, it appears that the general public is in favor for ATIs for less serious offenses related to SUDs. Citizens appear to favor supporting victims, crime prevention, and rehabilitation programs.[114] Historically New Zealanders had a harsh view towards crime and were overly punitive.[115] Today, there is a desire for change towards the criminal justice system, as 93% of respondents in one survey thought NZ was not using the funds for the criminal justice system effectively.[116] There are calls for criminal justice reform. Some	For professional treatment the government recommends Healthline, and contacting district health boards, and several NGOs.[119] Healthline is staffed by healthcare professionals like nurses, paramedics, and health advisors. Other organizations like the NZ Drug Foundation, Drug Help, and NZ Society on Drug and Alcohol Dependence also are prominent resources for treatment.[120] Several academic institutions offer bachelor's and postgraduate degrees in Mental Health and Addiction Studies, some with the focus on Treatment Issues.[121][122][123][124]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td>X</td><td></td><td>Drug court</td></tr><tr><td>X</td><td></td><td>Community Service Sentencing</td></tr><tr><td>X</td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td>X</td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension, or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing Probation/Supervision</td></tr><tr><td>X</td><td></td><td>Early Release, Parole, Pardon</td></tr></table> In New Zealand, community sentences are common. These sentences are not monetary in nature and do not involve imprisonment, they are also more common than custodial	There should be more efforts to divert people with SUDs to public health resources as opposed to custodial sentences. The Maori people have some of the highest drug usage rates in the world [132] but they are they are more likely to be stopped, searched, arrested[133], and convicted than non-Maori people.[134][135] Considering this, law enforcement training could also be beneficial. There is a need to shift attention to preventative measures and focus on evidence-based research.[136][137] There should also be an improvement on cost efficiency and

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substance use issues and to give them continued treatment and care on a voluntary basis.[110]		citizens view the criminal justice system as an absolute failure. Due to the high cost of incarceration, efforts are shifting towards rehabilitation and restorative justice.[117] Politicians have called for a shift in attention from crime reduction to getting people out of prisons, including for those sentenced for drug offenses, if they do not threaten the community.[118]		sanctions within NZ.[125] Sentences can include unpaid work, treatment, rehabilitation, and surveillance.[126] NZ has piloted Alcohol and Other Drug Treatment Courts[127] which have been used in conjunction with community-based services (such as community detention, work, supervision, and intensive supervision[128]), and restorative justice programs.[129] The Sentencing Act of 2002 mentions several ATIs that can be used for persons with or without SUDs, including home detention, electronic monitoring (EM), probation, parole.[130] Bail is also used in conjunction with electronic monitoring.[131]	spending within the criminal justice system.[138][139]

Palau

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<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> The Palau National Code[140] outlines ATIs that are offered to nonviolent offenders like work-release programs and programs allowing prisoners to take academic courses at a local community college.[141] It is unclear whether these are implemented for persons with SUDs. There are a variety of programs that are meant to divert individuals away from the criminal justice system towards treatment for alcohol and drug use disorders.[142]	No national drug control strategy exists.	No information on public opinion support for ATI for persons with SUDs.	Treatment of SUDs is provided for by the Division of Behavioral Health which is one of four divisions in the Bureau of Public Health at the Ministry of Health. Additionally, some specialized treatments are available for SUDs.[143] 100% of people receive treatment from the public sector. There are inpatient and outpatient detoxification treatment services available, but no long-term residential treatment facilities.[144] Professionals available for the treatment of SUDs include addiction counselors, psychiatrists, and social workers.[145]	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> There are no ATIs for persons with SUDs.	Some major barriers impeding the development of ATIs for persons with SUDs include the lack of a substance abuse policy and funding. There are no policies or special legislations which would allow for the development of ATI for persons with SUDs.[146] There is no governmental budget for SUD treatment[147] which would be instrumental in the development of ATIs for persons with SUDs.

Papua New Guinea

1. Do laws allow for ATIs for SUDs? If so, are these laws implemented?	2. Does national drug control strategy allow for development of ATIs for SUDs?	3. Does public opinion support ATIs for SUDs?	4. What is the nature of the professional drug treatment community?	5. Which ATIs are in (1) operation or (2) under consideration by the govt. for SUDs?	6. What are the major barriers impeding the development of ATIs for SUDs?
<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> Papua New Guinea's (PNG) laws allow for ATIs: bail is established in the District Courts Act 1963, probation is established in the Probation Act 1979, and parole is established in the Parole Act of 1991, but ATIs for persons with SUDs are not explicitly mentioned.[148] The Juvenile Justice Act of 2014 stated that if a juvenile is convicted of an offense related to drug or alcohol usage they can undergo treatment for overcoming the problem.[149] This Act established a separate juvenile system based around restorative justice.[150]	National drug control strategy did not specifically mention the development of ATIs for persons with SUDs. The National Drug Strategy that does exist is in relation to supply, distribution, use, and administration of drugs and other medical supplies.[152] It seems as if intentions for drug control strategy were put forth in 2016 by the Acting Director General of the National Narcotics Bureau but no further information was found.[153] PNG has not ratified the 1988 UN Drug Convention one of which is part of a large international drug control convention.[154]	No information on public opinion support for ATI for persons with SUDs.	Drug treatments for SUDs are limited. One website (Rehab+) tries to direct users to treatment and references PNG but no specific information was listed.[155] PNG has been described as having no specialized treatment for persons with SUDs. Treatments that do exist may be done so by untrained citizens related to the church or secular social welfare organizations.[156]	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td>X</td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td>X</td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td>X</td><td>Early Release, Parole, Pardon</td></tr></table> There is no available information on whether these ATIs are offered country-wide or for persons with SUDs.	PNG should focus on obtaining trained professionals to treat persons with SUDs, and developing or expanding the National Drug Strategy to include drug control. To achieve this, staffing and legal challenges will have to be overcome.[157] Establishments like the NNCB should either be awarded more power to achieve their goals or new ones should be formed.[158] Foundational work must be established, like access to evidence-based treatment practices, which needs a network of professionals to execute.

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Legal structures within PNG may lack the distinction between illicit substances. The 1992 National Narcotic Control Board (NNCB) was formed to coordinate policies on drug abuse and import, but overall lacked real authority to implement these regulations. Certain bills that would have allowed for change and increased power to the NNCB did not gather political support.[151]					

<table>
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The Samoa Narcotics Act of 1967 was amended twice in 2006 and 2009. In March 2015, the Samoa Law Reform Commission received a request to review it further to address various points to include support and treatment services, rehabilitation facilities, the establishment of drug courts, and other alternative options specific to individuals who require drug treatment.[159]

The review report discussed intentions to adapt more non-custodial sentences and mentioned specifically that those who are involved with substances would</td>
<td>According to the research conducted, Samoa does not currently have a standalone national drug policy. Some policies which are relevant to drugs are the Draft Crime Prevention Strategy (2016-2020), National Medicine Policy (2008), Mental Health Policy (2006), and Tobacco Policy (2010).[161]

There have been discussions in the past to establish a drug policy, but nothing has been implemented.

The Samoa Law Reform Commission recognizes that adopting a national drug policy would be beneficial to Samoa and should be developed with the Ministry of Health and Law and Justice Sector which</td>
<td>Yes, public opinion does support ATIs for individuals who suffer from SUDs in Samoa. This is evident through a newspaper article by the Samoa Observer “Drugs and Alcohol Court: Positive move for Samoa.” The author discusses how the punitive approach towards individuals who suffer from SUDs has led to little success due to lack of treatment and high rates of recidivism.[163] The author has an incredibly positive outlook on this implementation and commends the government for taking this approach. Lastly, the author adds that this implementation is a step in the right direction and will</td>
<td>The National Mental Health Policy of Samoa outlines the nature of professional drug treatment services available. The policy mentions the use of evidence-based treatment and therapy for mental health, but there are no substance abuse services available in specialist or primary health sectors.[165]

NGOs support individuals with alcohol issues, but substance abuse treatment is not offered.[166]

Due to the rise of minimum sentencing for individuals who are convicted due to possession, the need for SUD treatment in prisons will likely rise.

Available treatment services are for mental health issues.[167] The</td>
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<table>
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Alcohol and Drug Courts are in operation within Samoa.[169] The program stresses remaining abstinent from drugs and alcohol and can take up to 6 months to complete. Restorative justice and community work are</td>
<td>The major barriers impeding the development of ATI for persons with SUDs include scarce resources, lack of a national drug policy, and no available substance use treatments.

The Samoa Law Reform Commission discussed the lack of training the country has when dealing with drug-related matters.[171] Additionally, there are inadequate personnel and poor facilities to treat addictions.[172]

The lack of a national drug policy that addresses the importance of collaboration with the public health sector and an adaptation towards sentencing</td>
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benefit more from alternative dispositions or rehabilitative sentences based on the judge's discretion and other conditions[160].	would boost treatment services.[162]	lower recidivism and put taxpayer money to better use.[164]	Mental Health Unit is located at the Ministry of Health at Tupua Tamasese Meaole Hospital. There is one main medical officer in psychiatry, 5 mental health nurses, and a part-time psychiatrist within this unit. Regarding the private sector, there are not many services and there is one psychiatrist in Samoa.[168]	also typical aspects of the program.[170]	guidelines that are more treatment-based would be extremely beneficial.

Solomon Islands

1. Do laws allow for ATIs for SUDs? If so, are these laws implemented?	2. Does national drug control strategy allow for development of ATIs for SUDs?	3. Does public opinion support ATIs for SUDs?	4. What is the nature of the professional drug treatment community?	5. Which ATIs are in (1) operation or (2) under consideration by the govt. for SUDs?	6. What are the major barriers impeding the development of ATIs for SUDs?
<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> There is no available information on ATIs in the penal code/applicable laws for SUDs. Laws within the Solomon Islands reference ATIs like bail and probation in Chapter 26 Part 5 section 33, (security for coming up for judgment) but not in regards to SUDs specifically.[173][174][175] Services like mental health policies or addiction treatments were not mentioned in general health policy.[176][177]	No national drug control strategy exists. They have not ratified the Convention Against Transnational Organized Crime or the 1988 UN Drug Convention.[178]	No information on public opinion support for ATI for persons with SUDs Research on public opinion towards ATIs for SUDS is limited.[179] One study found that respondents were generally unhappy with the level of government intervention and services for problems associated with drugs, but incarceration was not studied.[180]	Treatment for drug use within the Solomon Islands is conducted by general or psychiatric hospitals.[181] It is generally treated as part of the mental health sector, but there are no specialist drug treatment services.[182] There is also no national substance use program. Religious and non-government organizations deliver welfare services, but they do not specifically provide mental health services. Community leaders and members often have little experience with treatment for mental health issues, and there seems to be little understanding towards the treatments provided. This study examined mental health issues, not specifically SUDs.[183]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> There is no available information on whether these ATIs are offered country-wide or for persons with SUDs	There should be a formation of a clear authoritative body to improve treatment facilities and to adopt evidence-based practices. A shift in mentality towards those suffering with SUDs would also be beneficial, as some community leaders stigmatized drug usage.[184][185]

Tonga

<table>
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There is no available information on ATIs for persons with SUDs in the penal code/applicable laws. The Criminal Offences Act which was last updated in 2020 mentions alternatives such as probation and community service orders, but there is no mention of substance use offenses or the availability of ATIs for those who suffer from SUDs.[186]

ATI for those who suffer from SUDs are not mentioned within the latest Prisons Act.[187]

The Illicit Drug Control Act, which was last updated in 2016, does</td>
<td>No national drug control strategy exists. Nothing regarding ATIs or SUDs are mentioned within the Pharmacy Act,[189] Public Health Act,[190] or Rehabilitation of Offenders Act.[191]

Policies under the Ministry of Health website do not discuss drugs, ATIs, or SUDs.[192]</td>
<td>No information on public opinion support for ATIs for persons with SUDs.</td>
<td>According to the latest report from the Tonga Ministry of Health, in 2016 there were 66 doctors, 20 health officers, 391 nurses, and 98 student nurses within the country.[193]

Mental health treatment is available with a Psychiatric Specialist available. In 2016, only 3 people were admitted to the Psychiatric Ward due to mental and behavioral disorders because of psychoactive substance use.[194]

No other specifics regarding the professional drug treatment community were available.</td>
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There are no ATIs for person with SUDs.</td>
<td>The major barriers impeding the development of ATIs for SUDs include a lack of a national drug policy, absence of treatment options within the criminal justice system, and insufficient treatment options within the health sector.

Currently, Tonga does not appear to have a national drug policy that would be greatly beneficial and should discuss the strategic approach to address SUDs.

ATIs are not discussed much within the laws, and individuals who suffer from SUDs are also not mentioned much within the law</td>
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not mention ATIs or the issue of SUDs.[188]					enforcement or health sector. Setting national guidelines for ATIs and those who suffer from SUDs on a public level would be advantageous. There seems to be a lack within the drug professional drug treatment community. Bringing awareness to SUDs and training individuals to address them properly would help expand this community and make efficient treatment centers.

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<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> Yes, the laws do allow for ATIs, but SUDs are not specifically mentioned. The ATIs mentioned in law are probation, bail, and parole.[195] Data on crime within Tuvalu is limited with some of the lowest imprisonment rates in the world.[196] No official ATIs appeared to in practice for non-violent offenders.[197][198]	No national drug control strategy exists. The health reform strategy does not mention addiction or SUDs, and strategies are geared towards health reforms outside of SUDs.[199]	No information on public opinion support for ATIs for persons with SUDs.	A professional drug treatment community was not found in Tuvalu. According to the Ministry of Health there were no known people who inject drugs.[200] Medical capabilities are limited to basic healthcare, dental, and pharmaceutical services. Serious medical issues may be referred to Fiji or New Zealand via medical referral schemes which are common in that region.[201]	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension, or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> No available information on ATI for persons with SUDs. There were no reported drug-related crimes within Tuvalu.[202]	Barriers for ATIs for SUDs are the lack of need for the programs[203] and scarcity of specialized medical treatments.[204] It does not appear that drug crimes are a large issue within Tuvalu. Adequate resources allocated to create these programs is unlikely[205] with a prison population of 11.

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Yes, laws in the United States allow for ATIs for SUDs and are implemented, but implementation may vary depending on federal or state jurisdiction.

In federal law, there is the Second Chance Act enacted in 2008 and which authorizes the Attorney General to make grants to state, tribal, and local prosecutors for drug treatment programs that are alternatives to imprisonment.[206]

State laws, such as NY Exec L § 261[207] and Kansas Senate Bill 123,[208] are examples of state-level initiatives to reduce recidivism
</td>
<td>Yes, the national drug policy allows for the development of ATI for person with SUDS and it is evident through the budget allocated for programs within the Fiscal Year 2021 budget and performance review report. $89 million in grants were allocated to the Substance Abuse and Mental Health Services Administration (SAMHSA) for the maintenance and further development of drug courts and the Ex-Offender Re-Entry Program.[209]

The national drug policy within the United States is overseen by the Office of National Drug Control Policy (ONDCP) which is a component of the Executive Office of the President.[210]</td>
<td>Yes, the public appears to be generally supportive of ATIs for persons with SUDs.

Support seems to have shifted to rehabilitative-oriented interventions.[211] A study in Texas, a state with historically “get tough” correctional policies, was found to largely prefer ATIs and treatment for nonviolent crimes committed by those with SUDs. There was consensus among these demographic groups to embrace rehabilitation and correctional reform.[212] Support for ATIs was also found in Oregon with 40% of respondents strongly favoring drug</td>
<td>The nature of the professional drug treatment community within the United States is extensive. The SAMHSA is a federal agency that provides a 24/7 hotline so that individuals may be referred to for treatment or other services.[216] The National Institute on Drug Abuse reports that there are more than 14,500 specialized drug treatment facilities providing counseling, behavioral therapy, medication, case management, and other types of services to persons with SUDs.[217] Treatment may be outpatient, inpatient, or in residential settings. Professionals include counselors, physicians, psychiatrists, psychologists, nurses, and social workers.</td>
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Drug courts are in operation within the United States, and they use evidence-based practices. Currently, there are over 3,000 across the country, and individuals can get information on and find drug
</td>
<td>The major barriers impeding the further development of ATI for SUDs within the United States are the lack of diversion and the high rates of incarceration. The American criminal justice system holds almost 2.3 million[228] people within the prison system. One in 5 of these individuals are incarcerated for a drug offense.[229] Due to the high volume of prisoners, treatment interventions may be undermined. Additionally, many individuals, especially those from minority groups, are less likely to complete treatment due to socioeconomic factors.[230]</td>
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among persons with SUDs and implement ATIs within sentencing guidelines.		treatment services as opposed to incarceration[213]. In another survey, 87% of respondents thought that those with SUDs or mental health issues should not be incarcerated and favored treatment,[214] and 63% of people preferred funding to go efforts to address social problems like SUDs, homelessness, and mental health as opposed to law enforcement.[215]		courts from the National Drug Court Resource Center.[218] Community service sentences are in operation within the United States, but availability, requirements, and sentencing may vary depending on the state.[219] Non-custodial community programs are in operation within the United States and include but are not limited to halfway houses, offender management, and supervision.[220] Electronic monitoring is in operation and is utilized to improve compliance with treatment and reduce re-arrest.[221] Pretrial services programs are in operation and are under the U.S. Probation and Pretrial Services System's Substance Abuse Treatment Program (SATP).[222] Pre-arrest administrative referrals are in operation and may vary by state.[223] The STEER program in Maryland works to divert people with	

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				substance use issues into services before arrest.[224] Bail is in operation within the United States, but eligibility may vary depending on the state.[225] Probation and Supervised Release are in operation for persons with SUDs and mandate that the participant refrains from abusing substances and partake in a substance abuse treatment program.[226] Parole is in operation within the United States, but eligibility may vary depending on the state.[227]	

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<table><tr><td>X</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> There is no available information on ATIs for persons with SUDs in the penal code/applicable laws. Within the Dangerous Drugs Acts,[231] there is no evidence to indicate that the law allows for the development of ATIs for individuals who suffer from SUDs. In 2012 the Vanuatu Law Commission received requests from the State Prosecutor's Office that the policy needed to be reviewed for necessary changes.[232]	No national drug control strategy exists.	No information on public opinion support for ATIs for persons with SUDs.	Vanuatu has a mental health policy and plan that were launched in October 2009.[233] This dramatically increased the number of healthcare workers in mental health. Consequently, 3 nurse practitioners, 9 nurses, and 4 doctors were working in mental health or managing mental health problems by 2011. There are two national referral hospitals within the country which provide mental health services to patients from provincial hospitals and health centers.[234] The professionals within these hospitals include doctors, nurse practitioners, and nurses. Only some of them have mental health training. Each hospital has two inpatient beds for people with mental disorders. Additionally,	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> There are no ATIs for person with SUDs.	The major barriers impeding the development of ATIs for SUDs include funding, and shortage of healthcare workers. There is no budget line for mental health and there not enough experienced healthcare professionals[237]. The current national drug policy within is from 1939[238] and requires a change to address present-day issues that would work in collaboration with the health care policy.

1. Do laws allow for ATIs for SUDs? If so, are these laws implemented?	2. Does national drug control strategy allow for development of ATIs for SUDs?	3. Does public opinion support ATIs for SUDs?	4. What is the nature of the professional drug treatment community?	5. Which ATIs are in (1) operation or (2) under consideration by the govt. for SUDs?	6. What are the major barriers impeding the development of ATIs for SUDs?
			there are 3 provincial hospitals, a mini hospital, and 2 provincial health offices across the country that are equipped with 7 nurse/nurse practitioners who have mental health training.[235] Specialized treatment services are not available within the country and individuals are referred overseas to Australia and New Zealand. At the primary care health system level, none of the health workers are trained in mental health.[236]		

Analysis
Team 1: Oceania, USA & Canada
Emma Barton and Parkash Garcha

Introduction

Oceania is a region that spans the Eastern and Western Hemisphere made up of various countries and cultures.[4] Team 1 was also assigned to Canada and the United States of America. Alternatives to incarceration (ATIs) for persons with substance use disorders (SUDs) were examined to provide insight on their availability or feasibility for these countries. Generally, there is a difference in the levels of ATIs for SUDs between the United States, Canada, New Zealand, and Australia, and the remaining parts of Oceania. Overall, the U.S, Canada, New Zealand, and Australia had abundant information on their evidence-based practices that provided ATIs for people with SUDs. The U.S. and Canada both have multiple levels of government with different laws for ATIs at each level. However, many regions within Oceania proposed difficulty when researching, some locations having minimal individuals involved within the criminal justice system and overall lack of available resources. Additionally, it was inconclusive whether some countries allowed for the development of ATI or not. In some instances, certain countries would need to develop infrastructures needed to develop these ATIs for SUDs.

Legal framework summary for the region

The countries researched that had clear laws regarding ATIs for persons with SUDs included the United States (U.S), Canada, New Zealand, and Australia. The current legislation from the United States that allows for ATIs for persons with SUDs is the Second Chance Act of 2008. This act authorizes the Attorney General to make grants to state, tribal, and local prosecutors for drug treatment programs that are alternatives to imprisonment. Additional laws for ATI for persons with SUDs may vary depending on the state. The current Canadian legislation that allows for ATIs for persons with SUDs is the Controlled Drugs and Substances Act (CDSA) which has been recently reworked to include harm reduction services. Additionally, according to the Canadian Criminal Code Section 717, alternative measures are applied on a case-by-case basis to meet the needs of the society and the alleged person. Additional laws for ATI for persons with SUDs may vary depending on the province. New Zealand's most recent legislation (Compulsory Assessment and Treatment Act of 2017) seeks to expand the usage of ATIs. This act aimed to give continuous treatment to those with severe substance use issues and was completely voluntary. Australia's laws varied across states and certain states or territories had more extensive laws to cover ATIs for persons with SUDs.

[4]Oceania (Australia, Fiji, Kiribati, Marshall Islands, Micronesia, Nauru, New Zealand, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu), United States of America and Canada

The remaining countries within Oceania had minimal legislation for ATIs for persons with SUDs; many of the regions had ATIs but their application towards people with SUDs was unclear. It is very possible that the practice of ATIs was used for persons with SUDs, but documentation of these practices was limited.

Drug control strategy/Political Will/Public Opinion

The United States, Canada, New Zealand, and Australia were found to have national drug policies that outlined goals that would further the reach of drug treatments and ATIs for people with SUDs. The Office of National Drug Control Policy within the United States oversees the U.S. strategy for ATIs for persons with SUDs and has approved $89 million of grants for the Substance Abuse and Mental Health Services Administration (SAMHSA) for FY 2020 and 2021 for the maintenance and further development of drug courts and the other Ex-Offender Reentry Programs. The Canadian Drugs and Substances Strategy (CDSS) has been in force since December 2016 and outlines the governmental approach to incorporate evidence-based practices to include ATIs for persons with SUDs. New Zealand's drug policy takes a harm reduction stance and the usage of ATIs for persons with SUDs. Australia's drug strategy aims for evidence-based practice, person-centered treatment, and de-stigmatization of persons with SUDs.

There was public support for ATIs for SUDs within the U.S, Canada, New Zealand, and Australia. Within the remaining countries, there were no current data found on public opinion towards ATIs for persons with SUDs. The U.S, New Zealand, Australia, and Canada had drug control strategies that were conducive to the development of ATIs for people with SUDs. Several countries in Oceania Fiji, Papua New Guinea, and the Marshall Islands were found to have drug policies but ATIs for SUDs were not referenced. The remaining countries were lacking a clear national drug control strategy. While the countries may be open to more developed drug control strategies, very often a lack of resources was a large barrier to be overcome. Certain factors such as a lack of trained professionals to handle the treatment of persons with SUDs, a lack of treatment programs, limited access to medical supplies, and the current political atmosphere.

Drug Treatment Community

The United States, Canada, New Zealand, and Australia had extensive drug treatment options for those suffering from SUDs. New Zealand and Australia offered several government-run public services for SUDs at low or no cost to citizens. In some cases, private treatment was also an option. For these countries, professional degrees that specialize in SUDs were offered. Several of the countries in Oceania had a minimal drug treatment community, with a lack of trained professionals in this field and minimal ability to apply evidence-based treatment plans. In certain instances, medical care was limited, especially specialized medical care that would be designated for those with SUDs.

ATIs in operation or under consideration for SUDs

The United States, Canada**,** and Australia had all the types of ATIs that were examined during this project. New Zealand had most but not pretrial or pre-arrest services. Samoa has recently introduced an evidence-based practice drug court system. The other remaining countries often had ATIs such as probation, bail, or parole, but their application to persons with SUDs was not clear.

Barriers for ATIs for persons with SUDs

The United States, Canada**,** New Zealand, and Australia faced minimal barriers compared to the rest of Oceania as they have extensive systems. Although there is room for improvement to include increasing access to resources, more widespread implementation of evidence-based practices and reducing stigmatization. In countries that had large barriers for ATIs, they were often rooted in the lack of access to resources that are essential to providing evidence-based treatment such as trained professionals or healthcare infrastructure. Clear legislation in favor of ATIs for persons with SUDs would also be beneficial. Many of them did not have a drug control strategy, so identifying clear objectives to aid those with SUDs and to advocate for ATIs could be favorable. Certain countries need foundational work including criminal justice reform, particularly prison reform, in line with international guidelines.

Conclusion

Overall, The United States, Canada**,** New Zealand, and Australia are distinct from the remaining countries within Oceania, as their access to resources and infrastructure is distinct from the other countries examined. The U.S Canada, New Zealand, and Australia could be considered global leaders in the development of ATIs for SUDs. The remaining countries in Oceania had severe limitations due to a lack of ATIs incorporated within their drug laws or drug policy as well as severely limited funding and resources. More information is needed on creating ATI systems in the region.

Latin America and the Caribbean
Team 2
JOHN JAY COLLEGE OF CRIMINAL JUSTICE
CUNY The City University of New York

Regional Maps

Figure 2. Does national drug control strategy allow for development of ATI for SUDs?

Figure 3. Does public opinion support ATI for SUDs?

Figure 4. What is the nature of the professional drug treatment community?

Figure 5. Are there ATIs in operation of under consideration for SUDs?

Country tables

Antigua and Barbuda

<table>
<tr>
<th>1. Do laws allow for ATIs for SUDs? If so, are these laws implemented?</th>
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<table>
<tr><td></td><td>No</td></tr>
<tr><td></td><td>Yes, but not implemented</td></tr>
<tr><td>X</td><td>Yes</td></tr>
</table>
Yes, laws in Antigua and Barbuda allow for ATIs persons with for SUDs. The Prison Extramural Sentencing Amendment Act of 2014 and the Probation of Offenders Act of 1921 provide for alternatives to incarceration for low-level drug offenses.[239]
</td>
<td>Yes, the national drug control strategy allows for the development of ATIs for persons with SUDs. This strategy addresses “three broad areas: (1) the alternative to illicit drug use; (2) the treatment of persons already dependent on illicit drugs and (3) combating or controlling the supply and distribution of illicit drugs.”[240]</td>
<td>No information on public opinion support for ATIs for persons with SUDs available.</td>
<td>The professional drug treatment community in Antigua and Barbuda consists of only one private center known as the Crossroads Centre. The motivation for this establishment came from the Members of the Hourglass Foundation who, along with musician Eric Clapton, were aware of a growing problem of alcohol and drug abuse in Antigua and Barbuda. Crossroads Centre offers services to persons over 18 who are experiencing problems related to alcohol and/or drug use. The mission of this drug treatment program is to provide treatment and education to the chemically-dependent person, their families, and their significant others. Treatment is provided through residential</td>
<td>
<table>
<tr><th>1</th><th>2</th><th>ATI</th></tr>
<tr><td></td><td>X</td><td>Drug Court</td></tr>
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</table>
ATIs for persons with SUDs presented by Antigua and Barbuda include curfew orders, electronic monitoring of curfew orders, attendance center orders, and community service orders.[242]
</td>
<td>Even though Antigua and Barbuda has a national drug control strategy, the ATIs for persons with SUDs addressed do not enforce or institutionalize them. The lack of implementation from the national drug control strategy allows private and public sectors to implement what they believe are the best methods towards confronting substance abuse disorders, leaving room for minimal coordination and exchange of information amongst sectors.</td>
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			care, family programs, aftercare programs, and halfway house services.[241] Other organizations involved include Ministry of Health and the Substance Abuse Prevention Division.	As of 2021, drug treatment courts are being considered as a potential ATI in Antigua and Barbuda.[243]	

Argentina

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Yes. Law 23.737 of 1989 and the Argentine Criminal Code of 1984 provide for ATIs for low-level drug offenses.[244] "In the 2009 *Arriola* decision, the Supreme Court declared Art. 14 unconstitutional [. . .] criminalizing the possession of drugs for personal use when it does not pose any danger/harm to others is a violation of Art. 19 of the National Constitution."[245] Law 24.660 of 2008 of the Criminal Code includes conditions for ATIs for pregnant women, women with children under the age	No information on development of a new national drug strategy available. The Plan for Reduction of Drug Demand 2016-2020 includes drug treatment courts as part of Argentina's national strategy and a focus in promoting and implementing them in local courts as an ATI for criminal cases linked to SUDs, but no legislation has yet been passed.[247]	Expansion of ATIs for persons with SUDs in Argentina could be hard because the Argentinian public is expected to resist legal changes about ATIs.[248] Research on drug consumption and public opinion on ATIs for persons with SUDs is severely limited in Argentina.[249]	Drug treatment courts have received technical and financial aid from CICAD.[250] Judges have been trained in Argentina and the US.[251] Private sectors have a therapeutic director, psychologist, social workers, physician, nutritionist, and psychiatrist.[252] Specialized trainings are available at the postgraduate level by the Secretariat of Integral Policies on Drugs (SEDRONAR), and in the form of the Socio-Therapeutic Operator Courses organized by the Argentine Federation of NGOs for the Prevention and Treatment of Drug Abuse (FONGA).[253] Training is provided by specialized international organizations in	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td>X</td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td>X</td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td>X</td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> CICAD and judges in the city of Salta launched a pilot drug treatment in 2013.[255] A person with SUDs is eligible if their offense is related to substance use.[256] The drug treatment court operates under the conditional	The use of broad language in the ruling of the Arriola case has created a misalignment between Argentina's penal code, the Supreme Court's declarations, and the way in which judges of lower courts prosecute cases of drug possession for personal use. Because the declarations do not bind lower courts, judges have the power to prosecute persons with SUDs on a case by case basis, and can decide the quantity and circumstances that count as "personal use."[261] Persons with SUDs are not granted the same access or opportunities for drug treatment programs or ATIs.

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of five, and persons with disabilities.[246]			prevention, treatment, and social integration with a gender perspective.[254]	suspension of criminal proceedings.[257] The public and private sector offer inpatient and outpatient rehab.[258] The judge can sentence house arrest for persons with SUDs who are: pregnant, women with children under the age of five, and have disabilities. [259] Prison decongestion measures have been adopted by Argentina in response to COVID-19, which includes granting house arrest to people detained for drug offences.[260]	

The Bahamas

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<table><tr><td>X</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> The laws of the Bahamas do not allow for alternative measures to incarceration for low-level drug offenses. The Bahamas does not have legislation on proportionate sentencing, for low-level drug-related offenses.[262]	The Bahamas National Anti-Drug Strategy 2017-2021 expresses an interest in drug treatment courts as an ATI for non-violent persons with SUDs involved with the criminal justice system.[263] The court is intended to offer treatment, rehabilitation, and recovery support services to persons with SUDs.[264] Draft of the Drug Treatment Court Bill was completed in 2015, but it is not clear as to why the pilot project has not begun.[265]	Data on public opinion on ATIs for SUDs are limited, but there is support for decriminalization of cannabis and for the expungement of criminal records for individuals convicted of possession of small amounts of cannabis.[266] Support exists for the legalization of cannabis for any use.[267]	The public health system, NGOs, and religious institutions provide outpatient and residential services. Special groups include women, senior citizens, migrant women, refugees, diverse cultures, and those with HIV/AIDS.[268] The Bahamas Association for Social Health, an NGO, mainly focuses on adult males with SUDs, including those who are marginalized and/or living with HIV/AIDS.[269] The Bahamas has a national system for comprehensive treatment and social integration programs for persons with SUDs.[270] It includes early intervention/brief intervention/counseling (from the Sandilands Rehabilitation Centre	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td>X</td><td>Drug Court</td></tr><tr><td>X</td><td></td><td>Community Service Sentencing</td></tr><tr><td>X</td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td>X</td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td>X</td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Community service offered by courts.[272] The national drug strategy notes that drug treatment courts and diversionary programs (supervised programs with	As a result of the lack of laws that allow for ATI for persons with SUDs in the Bahamas, a high number of non-violent, low-level drug and property offenders are sent to prison and remain there with no alternatives.[274] Many are released without tools or resources that could help them lead a stable life, which leads to recidivism.[275]

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			(SRC), crisis intervention, diverse treatment modalities, and social integration and services related to recovery support.[271]	treatment and rigorous standards of supervision and monitoring) will assist with easing the overcrowding in the correctional system.[273]	

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Yes. The Drug Abuse Prevention and Control Act 1991 includes a list of drug-related offences with the type of punishment for the offence being a fine, imprisonment (ranging from 5-20 years), or both.[276] The Penal System Reform Act of 2000 is used as "to enable certain offences to be dealt with by civil mediation instead of criminal prosecution."[277] Article 13 makes provisions for a "community service order" which requires the individual involved with the criminal justice system to perform unpaid work.[278]	No information on development of a new national drug strategy available. Barbados's National Anti-Drug Plan 2015-2020 includes strategies to implement ATIs for persons with SUDs, including a drug treatment center.[279]	The majority of the public consider ATIs to be "soft" options.[280] The public prefers punitive actions against crime over rehabilitative solutions.[281]	Barbados has received training/support for the implementation of its drug treatment court by the OAS, CICAD, Trinidad and Tobago, the US, Jamaica, and Canada.[282] High-level members of the judiciary attended study tours in Toronto and Vancouver.[283] The US Embassy in Barbados has provided urine test kits.[284] Treatment providers are located at the Counselling Centre for Addiction Support Alternative (CASA) and Verdun House.[285] CASA is currently the sole provider of counseling services for persons with SUDs referred to the Barbados Drug Treatment Court.[286]	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td>X</td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td>X</td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> A person is only eligible to enter a drug treatment program as an ATI if they are charged with nonviolent offenses and their substance use was a factor in committing their crimes.[287] ATIs included in the National Anti-Drug Plan 2015-2020:	Lack of dedicated funds and exclusively dependent on one counseling service (CASA)/ Limited access to treatment. The drug treatment program also has an application process, screening, admission procedures and terms for participation, graduation and termination.[290] Information about treatment providers and amount/type of specially trained clinical staff involved is unavailable. There is severely limited information available on the types of service provisions offered by the drug court in Barbados, which makes it difficult to know what benefits

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				compensation order, suspended sentence, counseling, probation, warning, and dismissal.[288] Sanctions include Community service hours.[289]	are effective for persons with SUDs involved with the criminal justice system in the country.

Belize

<table>
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<table>
<tr><td>X</td><td>No</td></tr>
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<tr><td></td><td>Yes</td></tr>
</table>
No, laws and legislation in Belize do not allow for ATI for SUDs.[291]
</td>
<td>Belize does not have a national drug control strategy or plan allowing for the development of ATI's for SUDs.[292]</td>
<td>No information available.</td>
<td>The Ministry of Health created the National Drug Abuse Control Council (NDACC) to address drug treatment options for people with SUDs. The NDACC is broken down into three units starting with The Drug Education Unit that provides Drug Education to schools, work place, and community on the effects of drugs. This is provided through various school base approaches, presentation, and community empowerment. Next is the Treatment and Rehabilitation Unit that offers Outreach services, individual accessing, and the proper referral for treatment services. Lastly the Research and Information Unit gathers data from both units on the series of coverage offered from</td>
<td>
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</table>
Drug courts have been under consideration by Belize's judicial branch since early 2014. This branch has worked on a Memorandum of Understanding (MOU) and also received training by Drug Treatment
</td>
<td>Belize lacks the laws intact allowing ATI for SUDs to be implemented across the country, leaving people with drug abuse vulnerable towards facing punitive sentences and with little to no treatment involved. In addition, the last national drug control policy was established in 2004[297] which can signify a lack of interest and concern towards addressing the issue with drug addiction across the country.</td>
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</table>

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			the council and data on the drug situation of the country.[293] Despite these efforts, treatment and rehabilitation options for people with SUDs are very limited. Psychiatric nurse practitioners currently provide counseling and intervention for drug and alcohol abuse; however, this service is expensive and there is minimal availability within facilities.[294] Other organizations involved: Community Rehabilitation Youth Resiliency Program, Wagner's Facility Program, Metamorphosis Program (Restore Belize), Support Group Systems, Community Empowerment and the Great Program (Community Police Department).	Court Professionals and the Inter-American Drug Abuse Control Commission (CICAD). There is currently no publicly available information about the date the MOU was signed.[295] Other than this consideration, there are no other ATI's for SUDs in operation or under consideration at this moment.[296]	

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Yes, Bolivian laws allow for ATIs for low-level drug-related offenses. Code of Criminal Procedure (Law 1970 of 1999) provides for precautionary measures.[298] Law 1008 of 1988 addresses offenses of supplying and use (referred to rehabilitation centers).[299] Law 518 of 2014 provides for adolescents aged 15-17, and names penalties that consist of mandatory social and educational measures conducive to rehabilitation and reintegration into society.[300]	No information on development of a new national drug strategy available. The Strategy Against Drug Trafficking and the Control of Excess Coca Crops 2016-2020 did not specifically mention the development of ATIs for persons with SUDs.[301]	Most Bolivians believe that pretrial holding until the trial takes place is the best way to reduce delinquency/crimes.[302] In 2017, Bolivia passed laws on coca cultivation, controlled substances, and a penal code that would reduce sentences for drug offences and the number of women in prison.[303] "However, in the face of widespread protests, the legislature subsequently revoked it, meaning that the extremely high sentences for drug offenses provided under Law 1008 remain in effect."[304]	Outpatient and residential services are provided by the public health system, private institutions and NGOs (religious institutions excluded).[305] Ongoing competence-based training offered in the areas of prevention, treatment, and social reintegration.[306] Online training in prevention and treatment has been provided as part of the Cooperation Program between Latin America, the Caribbean, and the European Union on Drugs Policies (COPOLAD) and the UNODC Project to Support Illicit Drug Demand Reduction in the Countries of the Andean Community (PREDEM) known as the "Treatnet International Network of Drug Dependence Treatment and	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td>X</td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Prison decongestion measures have been adopted by Bolivia in response to COVID-19, which includes granting pardons to people detained for drug offences.[308] There are no additional ATIs for person with SUDs.	Law 1008 of 1988, all drug offenses carry sentences ranging from 10-25 years.[309] Additionally, the 1999 reform of Law 1008 no longer makes pretrial detention mandatory for persons accused of a drug offense, but it remains a practiced norm.[310] Because there are no drug courts in Bolivia, persons with SUDs who have low-level drug offences are not given the proper opportunity to receive treatment, and become a part of the criminal justice system for long periods of time instead. Public opinion affects the revision and implementation of laws that could allow persons with SUDs to benefit from

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			Rehabilitation Resource Centres."[307]		ATI. Broader judicial reforms are needed.

Brazil

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Yes, laws in Brazil allow for ATI for persons with SUDs, and these laws are implemented. Drug Law 11.343/2006 introduced important changes in the country's drug legislation by depenalizing consumption and removing incarceration for drug users, even in cases involving repeat offenses. Article 28 of the law includes alternative measures for punishment. The 2006 law broadened the legal difference between consumers and traffickers, with the second group facing prison time. However, it does not strictly define who falls into each of	Yes, Brazil's national drug control strategy allows for the development of ATI for persons with SUDs. The Ministry of Culture implemented the National Drug Policy in 2005, and updated it in 2018. This national drug policy prioritizes drug abuse prevention and treatment and rehabilitation of drug dependents, without prejudice to supply reduction efforts.[312]	No information available.	Brazil takes a holistic approach towards reintegrating persons with SUDs back into society. Their network of public health system facilities is responsible for health needs within its territory and covers all levels of care from primary health care centers to hospitals and mental health services. These facilities carry out drug use screening and have screening instruments in place to early detect drug use. Facilities also offer guidance, brief interventions, and refer persons affected by drug use for treatment. An excerpt from a 2006 counternarcotics law makes drug abuse a social and medical problem rather than a law enforcement problem. Instead of incarceration, offenders in possession of	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td>X</td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td>X</td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td>X</td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> ATIs for persons with SUDs offered are: a) electronic surveillance, b) custody hearings, community service, and c) therapeutic facility services. As for	The possible lack of clear criteria between drug use and drug trafficking, paired with insufficient health access causes legal uncertainty and social stigmatization, and people with SUDs continue to be incarcerated. Despite this, the Brazilian government mandates substance abuse offenders receive treatment and rehabilitation for their drug disorders. Many individuals will not seem to benefit from forced methods that obligate them to participate in programs that they are not interested in, and in turn they will continue their path.

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these categories.[311]			'personal use' quantities of any drug are cited and offered rehabilitation and community service. In addition, the public health system, non-governmental organizations (NGOs) and therapeutic communities offer outpatient and residential treatment services, rehabilitation, follow-up and recovery support for persons affected by drug use. As a result, Brazil undertakes actions to facilitate access to treatment, rehabilitation, and social reinsertion for the different population groups affected by drug use.[313] Brazil also has also been focusing on restorative justice and therapeutic jurisprudence that aims to transform values of the legal system focusing on lowering	electronic surveillance, the Ministry of Justice developed a management model for electronic monitoring related to low drug offenses. The National Penitentiary Department adopted the following strategies related electronic surveillance: a) establishment of an interdisciplinary working group with experience on the subject and b) cooperation agreement with the Council National Justice Department to design and structure the guidelines and promotion of electronic surveillance. Custody hearings avoid depriving individuals of their liberty by promoting the use of non-custodial measures. Regardless of the motivation or nature of the offense, individuals must be brought before a judge within 24 hours of being arrested in order to be heard.[315]	

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			prison overpopulation and recidivism rates.[314] Other organizations involved: Ministry of Health, Ministry of Citizenship, Ministry of Regional Development, Ministry of Justice and Public Safety, regional or local governments, the scientific community, academia, civil society.		

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</table>
Yes. Article 50 of Law 20.00 of 2005 states “Individuals who consume drugs or psychotropic substances referred to in Article 1 in public places or spaces open to the public […] will be punished with the following penalties: obligatory participation in prevention programs for up to 60 days, or treatment or rehabilitation, in this case up to 180 days in institutions authorized by the competent Health Service.”[316]

Article 237-240, 245 and 246 of the Chilean Criminal Procedure Code allows for conditional suspension as an alternative dispute
</td>
<td>No. Chile’s National Drug Strategy 2021-2030 does not specifically mention the development of ATI for persons with SUDs.</td>
<td>Data/research on public opinion supporting ATIs for SUDs in Chile is limited, but a 2005-2010 National Survey of Public Opinion found that 54.3% of the sample did not find prisons to have rehabilitative qualities.[318] Those surveyed also favored preventative alternatives to reduce low-severity crimes, such as rehabilitation over confinement.[319]</td>
<td>Drug courts consist of (1) a legal team: judge, prosecutor, defense attorney; (2) bio-psychosocial team: medical doctor, psychologist and social worker; (3) treatment centers, including a coordinating lawyer in charge of the program.[320][321]

Outpatient and residential services are provided by the public health system, the private sector, religious organizations, and non-governmental organizations.[322] Treatment centers must contain personnel trained in psycho-socialism who can offer therapeutic treatment designed to rehabilitate persons with SUDs.[323]</td>
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<table>
<tr><th>1</th><th>2</th><th>ATI</th></tr>
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</table>
Only persons with SUDs who are first-time offenders and face up to 3 years in prison are accepted into the drug treatment program.[324] Persons with SUDs must consent to drug testing in order to enter.[325] Under
</td>
<td>Eligibility requirements limit the number of potential candidates for drug treatment courts. Many cannot apply because they have a criminal record.

Limited access to treatment facilities also limits the motives that can be used to drive candidates to succeed in the program.

In order to expand ATIs in Chile, drug treatment courts and public health sectors need to focus on the provision of specially trained clinical staff and their availability so that programs can be better equipped to respond to the needs of the participants.</td>
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resolution mechanism for offenses considered to be minor."[317]				conditional suspension, relapse is considered a part of the rehabilitation process.[326] Judges may order persons with SUDs involved in low-level drug offenses to take part in community service for 30 hours and/or their driver's license may get suspended.[327]	

Colombia

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<table>
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<tr><td>X</td><td>Yes, but not implemented</td></tr>
<tr><td></td><td>Yes</td></tr>
</table>
Yes, laws in Colombia allow ATIs for SUDs, however, they are not implemented.

Regulations are established through various legal institutions that respond to the principles of necessity, proportionality, and reasonableness, aimed at avoiding imprisonment.[328]

The Constitutional Court in Sentence C-679 of 1998 allows certain ATIs as a substitute measure for imprisonment and arrest. Persons with SUDs are entitled to ATIs as long as long as they comply with all of the requirements established
</td>
<td>Yes, Colombia's national drug control strategy allows for the development of ATIs for persons with SUDs.

The Ministry of Health and Social Protection and the Ministry of Justice and Rights created the National Plan for the Promotion of Health, Prevention and Attention to Substance Consumption: 2014-2021 to enhance the quality, opportunity, and access of rehabilitative services for psychoactive drug consumers. The plan's guidelines for treating substance abuse disorders include intervention protocols based on scientific evidence derived from institutional actions and community-based</td>
<td>No information available.</td>
<td>The Ministry of Health and Social Protection and the Ministry of Justice and Rights promotes the Strengthening Drug Addiction Care Centers (CAD) and drug addiction services for hospital drug dependence.

In order to improve the services offered to consumers, training and technical assistance is provided for the rehabilitation process and for continuous improvement.

The Treatnet Program offered by the United Nations Office on Drug and Crime (UNODC) and the World Health Organization (WHO) has trained approximately 1,500 people through three training modules: Volume A: Screening,</td>
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<table>
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</table>
An ATI for persons with SUDs offered by the government allows prison terms to be suspended for 2 to 5 years and it must be related to the quantum of the penalty, the type of crime
</td>
<td>Colombia's legislation does necessarily apply ATIs for minor drug-related offenses. The ongoing issue with drug trafficking and cultivation leaves those individuals who actually suffer from drug abuse susceptible to harsh penalties by the government. As a result, there is a lack of human and health right perspective related to drug consumption.[338]</td>
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by a legislator.[329] Article 51 of the Political Constitution Law 30 of 1986 penalizes the consumption and personal use of illicit drugs, unless a legal doctor determines that an individual suffers from SUDs. Once a doctor makes this determination, the person with SUDs would be admitted to a private or psychiatric facility, as determined by the judge.[330]	treatment in different settings that focus on social inclusion.[331]		evaluation and treatment plan; Volume B: Elements of psychosocial treatment; and Volume C: Substances addictions and special populations.[332] The Compulsory Health Plan (POS) includes coverage of treatment for drug use in minors based on the Agreement 029 of 2011 of the Regulatory Commission in Health. Article 76 states that "everyone under 18 years old who uses psychoactive substances will have the right to receive psychiatric and psychological care; ambulatory and inpatient as needed."[333] Other organizations involved include: Ministry of Education, Ministry of Exterior Relations, Ministry of Jobs, National Authority of	committed, and the need for punishment.[334] House arrest can take place in the place of residence of the convicted person or one determined by the judge. Requirements depend on the quantum of the penalty provided by law, the type of crime committed by the convicted person, and social context of the convicted person.[335] Conditional liberty is allowed for individuals who practice what is known as "good behavior" and have already served 3/5 of their sentence.[336] The United States Department of State, Bureau of International Narcotics and Law Enforcement Affairs (INL) is trying to increase efforts on what is known as the "Colombian Juvenile Drug Court Expansion" with the help of qualified U.S.-based and non-US based nongovernmental/non-profit organizations or educational institutions.[337]	

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			Television, National Institution of Legal Medicine and Forensic Science, Colombian Institute of Family Welfare, National Narcotics Fund.		

Costa Rica

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Costa Rica has a fully operational drug court called the Drug Treatment Program under Judicial Supervision (PTDJ).[339] The Costa Rican Institute on Drugs (ICD) is the national drug authority.[340] The 2017 Public Policy on Restorative Juvenile Justice provides for ATIs for persons with SUDs when there are low-level offenses. Law 7576 on Juvenile Criminal Justice provides for conciliation and suspension of proceedings. There is a comprehensive response to the proceeding which includes a psychosocial team to help construct	National drug control strategy does not specifically mention the development of ATIs for persons with SUDs.[344]	No information on public opinion support for ATIs for persons with SUDs.	The Institute on Alcohol and Drug Dependence (IAFA) is a part of the Costa Rican government, and provides two kinds of certification for individuals, one for professionals, and one for assistants. The IAFA also formally approves drug treatment programs in Costa Rica.[345] The University of Costa Rica offers a master's degree in drug dependency.[346]	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td>X</td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td>X</td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td>X</td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td>X</td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Pretrial services and suspension of trial proceedings are provided by Law 7576 on Juvenile Criminal Justice.[347] A portion of Law 9161 referred to as "77-bis" allows women to be granted home arrest,	Costa Rica has a fully operational drug court which is located in the district of Pavas, San José. After results are evaluated, the use of drug courts could be expanded to other parts of the country. Recommendations from an OAS study include: Expanding treatment options for participants; widening the program to include participants who require less supervision than the current participants; and scheduling more frequent follow-up hearings.[352]

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the content and monitoring of the alternative measure. Alternatives measures are made feasible by supplying adequate accessibility to treatment services.[341] In Costa Rica, the use of narcotics is prohibited by law, but there is no penalty for this infraction in the Criminal Code.[342] "[. . .] Law No. 8204 on Narcotics and Psychotropic Substances, Unauthorized Drugs, Related Activities, Money Laundering and the Financing of Terrorism penalizes all activities related to the production, commerce, and trafficking of such narcotics and substances, but does not punish their personal consumption."[343]				supervised release, residence in a halfway house, or electronic monitoring, instead of imprisonment.[348] "Moreover, article 79 of Law No. 8204 mandates the promotion and facilitation of free, voluntary placement or outpatient treatment for therapy and rehabilitation in public or private health centers to persons who use unauthorized drugs on the streets or in public places. If the drug users are minors, the authorities are obliged to inform the National Child Welfare Agency (Patronato Nacional de la Infancia, PANI) of the situation, and PANI will mandate compulsory treatment."[349] "Another guideline, Instrucción General 01/2011, instructs prosecutors to assess police reports of confiscated unauthorized drugs, to remit the drugs for destruction, and to order the immediate release of the detainee when the case is not connected to any criminal activity; otherwise, criminal proceedings will be initiated."[350] Police, prosecutors, or courts can drop charges if minor drug offense has been committed for the first time and the accused is willing to undergo treatment.[351]	

Cuba

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Law 62 (Article 190.1, 191, 192.1 and 193) of Cuba's 1987 penal code addresses most drug crime.[353]

Decree 310-18 allows for a fine to be imposed instead of imprisonment in certain cases. Courts can adjust prison terms to a level below the minimum required by law, should they deem the minimum punishment required by law to be too harsh.[354]
</td>
<td>The National Drug Commission (CDN) coordinates Cuba's drug prevention and rehabilitation programs.

Drug users are often informally diverted to treatment rather than the criminal justice system.[355]</td>
<td>No information on public opinion support for ATIs for persons with SUDs.</td>
<td>Cuba has 178 municipal departments of mental health which offer treatment for addiction. In addition, there are 17 general hospitals, 19 psychiatric hospitals, and 2 rehabilitation centers for adolescents.[356]

The Ministry of Health has a special program in addiction.[357]</td>
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</table>

Informal diversion to treatment is common.[358]
</td>
<td>ATIs for SUDs already exist. It would be helpful to have an evaluation of results.</td>
</tr>
</table>

Dominica

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<table>
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</table>
There is no available information on ATIs in the penal code/applicable laws.[359]
</td>
<td>No national drug control strategy exists.[360]</td>
<td>45% of respondents to a 2016 survey consider punitive measures to be the best way to reduce crime.[361]</td>
<td>Dominica does not offer ongoing competence-based training in the areas of prevention, treatment, or social reintegration, but it participates in trainings offered by international organizations. The InterAmerican Drug Abuse Control Commission of the Organization of American States (CICAD/OAS) and the University of the West Indies (UWI) certify, at the basic level, personnel that work in drug prevention. However, the country does not certify personnel that work in treatment or social reintegration services.[362]

Dominica has no comprehensive drug treatment and rehabilitation facility.[363]</td>
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</table>
There are no ATIs for persons with SUDs.
</td>
<td>Only a fraction of drug crimes leads to imprisonment (7 cases in all of 2018).[364] Such low levels of imprisonment for drug offenses, combined with strong public desire for punitive measures, create a difficult environment for ATIs for persons with SUDs.</td>
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</table>

Yes. Under the Law of the Dominican Republic on Drugs and Controlled Substances of 1988 (Law No. 50-88): Articles 40 (conditional suspension of the proceedings), 341 (conditional suspension of sentencing), and 363 (admissibility) of the Dominican Code of Criminal Procedure permits for ATI.[365]
</td>
<td>No information on development of a new national drug strategy available.

The National Strategic Drug Plan 2016-2020 places special attention to a DTC pilot.[366]</td>
<td>No information on public opinion support for ATI for persons with SUDs.</td>
<td>DR offers ongoing competency-based training in prevention, treatment, and social integration, and offers the Training and Certification Program for Prevention, Treatment and Rehabilitation of Drug Abuse and Violence (PROCCER).[367]

The drug treatment court team includes the judge, a prosecutor, an advocate, and mental and social science professionals. [368] Available information related to the drug treatment community is limited.</td>
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</table>

The Dominican Code of Criminal Procedure allows conditional suspension.[369] The terms include 1) living in one stable residence or undergo surveillance; 2) refrain from visiting certain people or places;
</td>
<td>Many people in DR do not have insurance and must pay out of pocket for the majority of health services.[374] The reallocation of funds into drug courts and treatment could make services affordable and increase the number of participants.

Severe lack of data on persons with SUDs involved with the criminal justice system; available information related to participants, treatment, penalties and incentives, and monitoring and evaluation mechanisms is scarce.[375] With no existing evaluations, it is hard to assess the magnitude of the problem, and if the drug courts are helping persons</td>
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				3) refrain from travelling abroad; 4) refrain from the use of substance; 5) learn a trade or take courses that prepare for employment; 6) volunteering/community service; 7) refrain from driving vehicles, if the arrest/case is related to a driving violation; 8) any other conditions determined by the judge.[370]is suspended (1 1/2 - 2 years) on the condition that the individual completes the program.[371] If completed successfully, the participant's case is dismissed and their criminal record is erased.[372] An adult drug court was formed in 2014, which provides treatment for low-level drug offenses.[373]	with SUDs to the best of its ability.

1. Do laws allow for ATIs for SUDs? If so, are these laws implemented?	2. Does national drug control strategy allow for development of ATIs for SUDs?	3. Does public opinion support ATIs for SUDs?	4. What is the nature of the professional drug treatment community?	5. Which ATIs are in (1) operation or (2) under consideration by the govt. for SUDs?	6.What are the major barriers impeding the development of ATIs for SUDs?
<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> Yes, laws in Ecuador allow for ATIs for SUDs. The Constitution of the Republic, the Comprehensive Organic Criminal Code and the National Code of Criminal Procedures generally meet international standards and contain provisions in case individuals do not comply with alternatives to pretrial detention. More specifically, Article 364 of the Organic Law of Integral Prevention Phenomenon of Socio-Economic Drugs states that the government has to offer treatment and rehabilitation to offenders.[376] However, the Permanent Committee for the Defense of Human	Yes, Ecuador's national drug control strategy allows for the development of ATIs for SUDs. This nation has the National Plan for Comprehensive Prevention and Control of the Socio-Economic Phenomenon of Drugs 2017-2021, which was approved by the Interagency Drug Committee. The plan's Normative section has a strategy focusing on "optimizing ATIs for minor drug offenses."[378]	No information available.	The Ministry of Public Health's creation of the Centers Specialized Treatment of People with Problematic Consumption of Alcohol and other Drugs (CETAD) has established community health networks and services that seek to serve citizens according to their clinical condition, and individual, family and community needs. Even though a framework for drug treatment centers has been established, these centers do not have sufficient capacity to meet the growing demand for their services, especially from parents who do not know how to deal with drug abuse.[379] The spike in demand for rehabilitation services has resulted in a growing number of illegal rehabilitation	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td>X</td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td>X</td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td>X</td><td></td><td>Early Release, Parole, Pardon</td></tr></table> The Ecuadorian government has granted clemency and pardoned more than 2,000 individuals convicted of drug possession. To benefit from this policy, the individuals had to fulfill the following requirements: i) having been sentenced, ii) the	Ecuador lacks a nationwide diagnosis of their drug problem. Instead of making sure that rehabilitative services are always offered for people with substance abuse disorders, the government would rather incarcerate these individuals. According to Granizo, 84% of those detained for drugs face preventive prison and 7% are offered ATI.[385]

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Rights (CDH) reported that officials often fail to use ATIs, including parole.[377]			centers. Despite lacking the minimum level of infrastructure and professional staff to attend to addiction patients, these illegal centers charge high fees while skirting official regulations. In some cases, patients are even kept in the centers against their will and are vulnerable to human rights violations.[380] Other organizations involved include: Ministry of Justice, Ministry of Social Inclusion, Ministry of Education, Ministry of Health, Ministry of the Interior	quantity of drugs possessed must be less than or equal to two kilograms. 30% of those who benefited from this policy have been women, and 95% of those eligible for a pardon have been freed.[381] As of April of 2021, CICAD has been in contact with the Government of Ecuador to explore the implementation of drug treatment courts.[382] Other types of alternative measures for SUDs are: periodic appearance before a designated authority or institution, house arrest,[383] and wearing an electronic surveillance device.[384]	

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> "El Salvador provides for the application of alternatives to incarceration for low-level drug-related offenses, pursuant to the Law to Regulate Drug-Related Activities of 2003 and other legal instruments."[386] Prison sentences can be replaced. "The judge or court shall, in a reasoned way, replace prison sentences greater than six months and which do not exceed one year for equal time of weekend arrest, community service or for a fine. They may also, taking into account the circumstances of the act committed, replace those of more than one year and which do not exceed	National drug control strategy did not specifically mention the development of ATIs for persons with SUDs.	No information on public opinion support for ATIs for persons with SUDs.	The Health Ministry (MINSAL) has various drug prevention programs.[390] In conjunction with the Evangelical University of El Salvador, the National Anti-Drug Commission (CNA) issues a university diploma in drug addiction prevention directed at professionals in charge of preventative interventions in public institutions.[391] Human Resource Training and Certification Program within the Framework of Treatment and Prevention of Drug Disorders (PROCEER) gives certifications in drug dependency, in addition to university diplomas.[392] Few government-funded residential treatment facilities exist (the	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td>X</td><td></td><td>Community Service Sentencing</td></tr><tr><td>X</td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td>X</td><td></td><td>Early Release, Parole, Pardon</td></tr></table> "El Salvador has the 2003 Law to Regulate Drug-Related Activities, which establishes proportionate sentences, for low-level drug-related offenses. Nevertheless, the country does	El Salvador's treatment facilities have been criticized in academic journals as ineffective due to a lack of political will on the part of the government through the Ministry of Health to effectively supervise, monitor, and subsidize substance user treatment.[396] Other authors have found that substance user treatment centers in El Salvador have proven effective but would benefit from more professional staffing (most treatment centers use volunteers as

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three years for equal time of weekend arrest or community service. (Article 74 of the Penal Code)."[387] There can also be, "[s]uspension of sentence not exceeding three years in prison subject to conditions such as starting or continuing schooling, not going certain places, abstaining from alcohol or drug use, or any other recommendation" (Articles 77-81 of the penal code).[388] In cases of no more than three years of prison, judicial pardon is also permitted (Article 82 of the penal code).[389]			National Psychiatric Hospital is the main one). Most drug treatment facilities in El Salvador are not evidence-based.[393]	not have special drug courts or tribunals for such offenses."[394] The Department of Proof and Assisted Liberty (DPLA) of the Supreme Court uses community service sentences regularly (roughly 2000-3000 times per year between 2013 and 2019). The DPLA includes some drug offenders, but with precautionary constrains (people with substance use disorders may not perform community service in schools with children).[395]	both directors and staff), and alternative forms of treatment (especially for gang members).[397] In addition, the Department of Proof and Assisted Liberty often does not have sufficient workplaces to which to send its clients, due to the stigma associated with delinquency. In some cases where DPTA clients are successfully placed, the clients are stopped from working by gangs because of pre-existing gang affiliation on the part of the client.[398]

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Key drug legislation includes: Drug Abuse (Prevention and Control) Act CAP 84A; Drug Abuse (Prevention and Control) Amendment Act 1, 2002; Drug Abuse (Prevention and Control) (Amendment) Order, S.R.O. No. 16 of 2011[399] ATIs for persons with SUDs apply only to juveniles under the Juvenile Justice Act of 2012, and includes bonds, community service, restitution, probation, and suspended sentences. For juveniles given a custodial sentence, there is a Juvenile Rehabilitation and Treatment Centre."[400]	National Anti-Drug Strategy calls for enacting legislation to provide for alternative sentencing for young offenders, and mandatory enrollment of incarcerated offenders in prison drug treatment programs and at the community level post-release. It also calls for improving access to social integration and rehabilitation programs.[401]	Roughly 45% of the population wants to increase punitive measures to control crime.[402]	Competence-based training includes PROCCER, Enhanced Capacity for Improved Sector Management, and The Universal Prevention Curriculum (UPC) for Substance Abuse. School counselors, social workers, and other stakeholders receive training.[403] Seven treatment facilities are listed in the Grenada Drug Epidemiology Network Statistical Report of Indicators. Four of these are hospitals, and one is a private treatment facility.[404] Carlton House is a facility that specializes in daily outpatient counseling therapy for people sentenced by the court for drug related offenses.[405]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td>X</td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td>X</td><td></td><td>Early Release, Parole, Pardon</td></tr></table> ATIs for persons with SUDs are limited to juveniles. They include bonds, community service, restitution, probation, and suspended sentences.[406]	The lack of a current drug strategy may be indicative of a lack of political will or interest.

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“Guatemala’s legislation does not provide for alternatives to incarceration for low-level drug-related offenses. However, in practice, alternative measures to pre-trial detention for low-level drug-related crimes, such as possession for personal use, are applied. Thus, a number of judges refer people (youths and adults) charged with low-level drug offenses to SECCATID’s (Executive Secretariat of the Commission Against Addictions and Drug Trafficking) Ambulatory Treatment Center (CTA) to receive treatment.”[407]

Also see Decree 17-73 (as amended), Article 72
</td>
<td>To a limited extent, national drug policy does allow for the development of ATI for SUDs. For example, SECCATID’s (Executive Secretary Commission Against Addiction and Illicit Trafficking of Drugs) CTA (Alternative Treatment Center) provides care to people referred by the Judiciary. This work is done in coordination with other agencies.[409]

The National Drug Strategy 2019-2030 does not specifically address ATIs for persons with SUDs.[410]</td>
<td>No information on public opinion support for ATIs for persons with SUDs.</td>
<td>Guatemala offers competence-based training in the areas of prevention and treatment. The country certifies personnel that work in prevention services.[411]</td>
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“Guatemala’s legislation does not provide for alternatives to incarceration for low-level drug-related offenses. However, in practice, alternative measures to pre-trial detention for low-level drug-related crimes, such as
</td>
<td>In Guatemala, the only option for free drug treatment is an Ambulatory Treatment Center (CTA) offered by the government. They treat only about 800 patients a year.[414]

Expanding the treatment capacity of Guatemala’s CTAs would allow judges to refer more clients. These CTAs could also be used by prison officials as a part of INL’s ongoing work to implement a rehabilitative model in Guatemala’s adult detention system.

In addition, Guatemala does not have a stable method in which to transfer funds to drug initiatives for municipalities or</td>
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of the Penal Code (which permits conditional sentence suspensions for convicts with sentences of three years or less) and Article 83 of the Penal Code (which permits judicial suspension of punishment for prison sentences up to a year). Articles 72 and 83 are alternatives to incarceration, but are not necessarily related to drug offenses.[408]				possession for personal use, are applied. Thus, a number of judges refer people (youths and adults) charged with low-level drug offenses to SECCATID's (Executive Secretariat of the Commission Against Addictions and Drug Trafficking) Ambulatory Treatment Center (CTA) to receive treatment."[412] Guatemala has a pretrial diversion program and electronic monitoring.[413]	local governments.[415]

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Yes. Provisions for special courts for low-level drug offenses are found under the Juvenile Offender's Act of 1998 and the Narcotics Drug and Psychotropic Act of 1988.[416] The acts also specify that the courts must establish and maintain community-based programs that are an alternative to judicial proceedings.[417] Articles 66 and 72 of the Narcotics Drug and Psychotropic Act of 1988 address the establishment of treatment and rehabilitation centers for persons with SUDS, and part of their sentence be spent in a Centre specified by the court.[418]	No information on development of a new national drug strategy available. Guyana's National Drug Strategy Master Plan 2016-2020 includes treatment, rehabilitation, social reintegration, and recovery support services as an ATI for persons with SUDs.[419]	"Alternatives to incarceration and rehabilitation are not popular with the public. The culture is very big on punitive justice and the eye for an eye approach. A cultural shift is therefore necessary."[420]	NGOs Phoenix Recovery Project and the Salvation Army Men's Centre provide treatment for substance abuse.[421] The Ministry of Education provides workshops on drug-related issues and treatment and rehabilitation.[422] The Ministry of Public Health offers capacity building for both governmental and NGOs involved in drug demand reduction initiatives/programs.[423] Drug rehabilitation training in the US funded by CICAD.[424] Treatment education offered by the Training and Certification Program for Drug and Violence Prevention, Treatment, and Rehabilitation (PROCCER) of the (CICAD/ OAS).[425]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td>X</td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td>X</td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td>X</td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Persons with SUDs can choose between a custodial sentence or treatment program on a guilty plea/if found guilty of a low-level drug offense.[427]	There is a lack of drug treatment facillities to expand the program at this time. As a result, availability of service provisions for persons with SUDs is limited, which increases the chances of substance abuse and recidivism. There is no assessment on the facilities used to offer treatment services for persons with SUDs. With no review of credentials, participants might not receive the proper care needed to treat their SUDs. Specially trained clinical staff needed. Because the drug treatment court is new, Covid-19 has impacted

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			The University of West Indies offers training to professionals related to drug reduction.[426]	The first drug treatment center for adults was implemented in 2019 under a post-adjudicating model (suspended sentence while they participate in the program).[428] Juvenile diversion measures include being placed under the supervision of the Childcare and Protection Agency, referral to counseling or therapy, restitution, and community service.[429] Completion of the diversionary program will lead to charges being dropped.[430] Prison decongestion measures have been adopted by Guyana in response to COVID-19, which includes early release to people detained for drug offences.[431]	participation in ATI due to restrictions on capacity. Monitoring progress of the new drug court will be delayed.

Haiti

1. Do laws allow for ATIs for SUDs? If so, are these laws implemented?	2.Does national drug control strategy allow for development of ATIs for SUDs?	3.Does public opinion support ATIs for SUDs?	4.What is the nature of the professional drug treatment community?	5.Which ATIs are in (1) operation or (2) under consideration by the govt. for SUDs?	6.What are the major barriers impeding the development of ATIs for SUDs?
<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> The Haitian Law on Drug Trafficking Control of 2001 allows for the use of ATI for low-level drug offenses.[432]	Haiti does not have a national drug control strategy.[433]	No information on public opinion support for ATI for persons with SUDs.	"The country certifies personnel who are working in prevention, treatment and social integration services at the basic and intermediate levels. CONALD certifies personnel in prevention; the Haitian Government, the Mars & Kline Psychiatric Center, and the "Défilé de Beudet Hospital" certifies in the area of treatment services; and the Association for the Prevention of Alcoholism and other Chemical Addictions (APAAC) and the NGO of Caritas St. Antoine certifies in the area of social integration."[434]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> No available ATIs for persons with SUDs.	It would be helpful for Haiti to build treatment capacity, so that ATIs for persons with SUDs can be implemented when the rule of law is more firmly established.

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<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> "Honduras has the Law on Improper Use and Illicit Trafficking of Drugs and Psychotropic Substances of 1989, which provides for alternative measures to incarceration for low-level drug offenses."[435] In practice, Decreto 26/89 of the Penal Code, although specifically calling for rehabilitation for some people with SUDs involved in the criminal justice system, is not used by the judiciary because state rehabilitation centers do not exist.[436] Article 184 of the Penal Code specifically permits judges to use ATIs but does not specify which ones or	No national drug control strategy exists.[438]	No information on public opinion support for ATI for persons with SUDs.	The National Social Intervention Directorate (DINIS) is a program that "trains addiction counselors and addiction socio-therapists in teaching techniques, using a constructivist model for effective prevention. The country participates in training programs offered by specialized international organizations in prevention, treatment and social integration, such as the courses organized by the Cooperation Program between Latin America, the Caribbean and the European Union on Drug Policies (COPOLAD) and the Training and Certification Program for Drug Abuse and Violence Prevention, Treatment and Rehabilitation (PROCCER) of the Inter-American Drug	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> "Honduras has the Law on Improper Use and Illicit Trafficking of Drugs and Psychotropic Substances of 1989, which establishes proportionate sentencing, particularly for low-level drug-related offenses. The country	Honduras has not conducted an assessment to determine the national needs regarding care and treatment.[442] Such an assessment is needed before proceeding to develop an ATI for SUDs program.

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under what circumstances.[437]			Abuse Control Commission (CICAD) of the Organization of American States (OAS). The country does not certify personnel providing prevention, treatment and social reintegration services."[439]	does not have special courts and tribunals for these crimes."[440] Article 184 of the Penal Code specifically permits judges to use ATIs but does not specify which ones or under what circumstances.[441]	

1. Do laws allow for ATIs for SUDs? If so, are these laws implemented?	2.Does national drug control strategy allow for development of ATIs for SUDs?	3.Does public opinion support ATIs for SUDs?	4.What is the nature of the professional drug treatment community?	5.Which ATIs are in (1) operation or (2) under consideration by the govt. for SUDs?	6.What are the major barriers impeding the development of ATIs for SUDs?
<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Yes. Jamaica has the Drug Court (Treatment and Rehabilitation of Offenders) Act of 2001 (the framework for DTCs) for low-level drug offences, and the Drug Court Treatment and Rehabilitation of Offenders Regulations (additional law supporting the Act of 2001).[443] The Act is to "(a) reduce the incidence of drug use and dependence by persons whose criminal activities are found to be linked to such dependence; (b) reduce the level of criminal activity that results from drug abuse; (c) provide such assistance to those persons as will enable them to function as law abiding citizens."[444]	No national drug control strategy exists.[445] "Municipalities/local governments are not assigned responsibilities on drug issues and cannot create national drug control strategies (no legal basis)."[446]	Traditionalists in Jamaica believe drug treatment courts are a "soft" approach against crime.[447] Other public opinion against drug treatment court include that SUDs is not a valid health issue that requires treatment and limited funds and human resources can be used for other public needs.[448]	Drug treatment providers consist of a consultant psychiatrist, administrative secretary, and a counselor.[449] Partnerships include: educational institutions, skills-based training facilities, legal assistance, and social welfare organizations.[450] Partners include: The National Council of Drug Abuse, The Association of Family and Friends of Substance Abusers (AFAFOSA), and the West Indies Addiction Training Services Unit.[451] Jamaica participates in CICAD/OAS' Training and Certification Program for Drug and Violence Prevention, Treatment, and Rehabilitation (PROCCER).[452]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td>X</td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td>X</td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td>X</td><td></td><td>Pretrial Services Programs</td></tr><tr><td>X</td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Persons with SUDs are eligible for treatment before, during, and after conviction, and when there is no conviction.[453] They do not need to plead guilty to drug- or non-drug related cases.[454] Treatment lasts 6 months to 1 ½ years through a phase of 1)	Lack of direct police referrals to drug treatment courts for persons showing signs of SUDs lead to defendants being charged with an offense that actually qualifies for the treatment court.[458] The defense counsel also rarely refer defendants with SUDs to drug treatment courts, and are barely present for court appearance.[459] The process for program admission takes longer than direct referrals before court appearance, which causes a delay in access to drug treatment and ATIs for persons with SUDs. Limited availability of psychiatrists due to a national shortage cause delays in screening

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				detoxification and assessment; 2) intensive treatment; 3) transitioning the participant out of the program.[455] The judge can grant 1 year of probation once the program is completed.[456] Jamaica has 2 drug treatment pilot programs for low-level drug-related offenses involving juveniles with SUDs.[457]	for drug court participants.[460] Lack of specially trained clinical staff makes it difficult for treatment providers to assess participant needs, make referrals for services and coordinate care between service providers. [461]

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Yes. Article 478 of the 1984 General Health Law states, “The Public Ministry shall not exercise criminal action [. . .] against whom is a dependent or a consumer [. . .] The ministerial authority shall inform the consumer of the location of the institution or centers for medical treatment or guidance for the prevention […]”[462]

Article 481: “As soon as it is identified that a person related to a proceeding is a drug dependent, the health authorities must be immediately informed for the purposes of treatment. Rehabilitation services will be provided to drug
</td>
<td>No national drug control strategy exists.</td>
<td>Data/research on the public opinion supporting ATIs for SUDs in Mexico is limited.

One report on Mexican prisons states that prisons are used “intensively and irrationally, as 95% of crimes lead to prison sentences in the country’s penal codes.”[464] The report then states, “With public opinion inflamed by crime, we insist on prison as a punishment that serves as a public example, no matter what the offense. Public opinion continues to be disposed toward longer sentences and imprisoning more people.”[465] This suggests that public opinion does not support ATIs for persons with SUDs.</td>
<td>Drug treatment courts consist of judges, social workers, and police officials.[466] They have visited drug courts in the US for study tours, attended a training program on non-custodial treatment and participated in international conferences.[467]

Inpatient and outpatient treatment includes individual and group psychotherapy.[468] Providers come from both public and private sectors which offer abstinence-based treatment.[469] Government (sponsored) agencies such as the National Center for the Prevention and Control of Addictions (CENADIC) and Primary Care Centers for Addictions (CAPA), as well as Juvenile Integration Centers</td>
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In Mexico, drug treatment courts address specific local issues and challenges.[471] Conditional suspension is offered if the participant agrees to the terms.[472] Charges are dismissed if the program is completed. [473]
</td>
<td>Limited access to treatment, the cost of the treatment, distance and quality of the service make participants lose interest.

Many non-state inpatient treatment centers lack evidence-based practices.[477]

Involuntary and prolonged custody, overcrowding, solitary confinement, and torture and sexual abuse have been reported.[478] The lack of proper care can cause trauma to persons with SUDs and their condition to worsen. Their experience makes it less likely that they will seek treatment again if needed.</td>
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dependents in all detention centers."[463]			(AC) provide treatment.[470]	Common ATIs include community service and house arrest.[474] Other ATIs (under the National Code of Criminal Procedure): bail bond, subjection to the care or supervision of a given person / institution, institutionalization, prohibition on approaching certain persons or places, immediate separation from the home, temporary suspension of work activity.[475] Prison decongestion measures have been adopted by Mexico in response to COVID-19, which includes early release to people detained for drug offences.[476]	

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Law 406 of 2001 of the Criminal Procedure Code: Article 65(6) names participation in treatment as a reason for suspension of proceedings. Article 65(9) allows for suspension of proceedings should the accused promise abstinence. Law 745 of 2011 Article 29 provides for treatment services as a condition of release from prison. Law 641 of 2007 Article 94 permits judges to suspend sentences that do not exceed a year.	Nicaragua has laws that establish and provide ATIs for criminals, include those with SUDs. Nicaragua coordinates efforts to provide ATIs for SUDs under the National Human Development Plan, however, the country has not conducted studies to evaluate the efficacy of these programs and interventions.[479] Nicaragua's National Antidrug Strategy 2018-2021 does not specifically address ATI for SUDs.[480]	No information on public opinion support for ATIs for persons with SUDs.	Nicaragua participates in training sessions offered by the Council of Ministers of Health of Central American and the Dominican Republic (SECOMISCA) and the Pan American Health Organization (PAHO) at the diploma level in Prevention. In addition, the National Autonomous University of Nicaragua certifies people providing prevention and social reintegration services at the advanced level. Certification of those providing treatment services at the basic level is provided by the Ministry of Health (MINSA) and the Institute Against Alcoholism and Drug Addiction (ICAD).[481] The professional drug treatment community includes 10 nonprofit	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td>X</td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Law 641 Article 54 of 2007 says that community service plans exist. Law 641 Article 87 provides for suspension of sentences. Law 641 Article 90 provides for parole.	ICAD is already working with persons involved with the justice system due to SUDs. These programs could be expanded to included ATIs for persons with SUDs, but lack financial resources.[483]

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			rehabilitation centers such as Centro de Rehabilitación CARA, and governmental treatment centers from ICAD.[482]		

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Law 23 of 1986 (as amended) is the primary source of law covering drugs in Panama. Articles 70-76 specify that treatment and rehabilitation are critical.

According to the Criminal Code, simple drug possession should be punished with fines or weekend detention.[484]

Resolution 46 of 2009 permits the use of electronic monitoring.[485]
</td>
<td>The National Drug Strategy 2012-2017 was adopted by the National Commission for the Study and Prevention of Crime Related to Drugs (CONAPRED).

Section 3.6.3 of this National Drug Strategy specifically states that the government will provide treatment and recuperation to prisoners, with the goal of integrating them into society.[486]

No updated drug control strategy was located.</td>
<td>No information on public opinion support for persons with SUDs.</td>
<td>The University of Panama is working on creating a specialization in drug addiction that would take two years to complete.[487]</td>
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Resolution 46 of 2009 allows for the use of electronic bracelets.[488]

Panama has a pilot judicial drug treatment program, which provides for implementation of ATI for persons with SUDs.
</td>
<td>Panama's incipient program of ATIs for persons with SUDs would likely benefit from analysis of the initial results of the pilot Judicial Drug Treatment Program (PJTD).

Recommendations from a study by the Center for Court Innovation include: Development of a training program for members of the treatment team; evaluation of why there is such a low referral rate from prosecutors; increasing the frequency of PJTD meetings with clients (more than once every 4-6 weeks); beginning to use both incentives and sanctions in the program, and incorporating these motivators into the</td>
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				The program allows referral to treatment for first time offenders by using the disposition of conditional suspension of the proceeding. In addition, the Criminal Code establishes ATIs for SUDs such as house arrest, community service, short sentence substitution and conditional suspension of sentence. The Criminal Code states that simple drug possession should be punished with fines or weekend detention.[489] Other ATIs include conditional suspension of sentence, imposition of fines, community service, work or study programs, home arrest, and parole.[490] Panama also has pretrial diversion.[491]	judicial proceedings.[492]

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<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> Yes, laws in Paraguay allow for ATIs for SUDs and are implemented. Article 28 of Law 1340/88 from the Ministry of Public Health and Social Welfare allows for the Civil and Commercial Judge of First Instance to determine whether or not an individual needs to be incarcerated or receive medical treatment for substance abuse. The person with substance abuse disorder must present to the court his or her medical condition and must be evaluated by a forensic doctor, a designated doctor by the Ministry of Public Health and Social Welfare.[493]	Yes, Paraguay has a national control strategy allowing for the development of ATIs for SUDs. The National Anti-Drug Secretariat (SENAD) and the President of Paraguay created The National Drug Policy on Paraguay 2017-2022 and one of its main focuses is on adapting rehabilitative and reintegrative services that help with the national drug reduction process.[495] One of the main objectives of the national drug policy's Medium-Term Action plan is to evaluate ATIs suitable for minor crimes related to drug consumption and possession on a voluntary basis and with respect to human rights.[496]	In general, the consumption of drugs is associated with crime and marginalization. This generates stigma and discrimination towards the affected people and a notable social exclusion in all areas, and especially of prevention, support, treatment, rehabilitation, and social reintegration services.[497]	Paraguay's drug treatment community is structured in specialized centers and groups of support or self-help offered in both the public and private sectors. These services are not integrated and do not operate in a segmented and fragmented manner. 48 establishments reported that they offer support in self-help groups, 32 operated under the modality of therapeutic communities, and 31 offered outpatient treatment services. Only 8 reported having detoxification treatment, 7 of harm reduction, and 6 of therapeutic substitution. In general, 74% of the establishments that offer these services are private and 26% public. 84% of therapeutic communities and 94%	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td>X</td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td>X</td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Paraguay has an overall punitive approach to drugs, however exceptions are made for persons with SUDs. The Code of Criminal Procedure allows judges to impose one of the	Some barriers impeding the development of ATIs for SUDs are that there are not enough organizations funding ATIs or rehabilitation centers, and there are not enough programs that encourage social integration of individuals affected by SUDs.

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Article 245 of the Code of Criminal Procedure allows ATIs for SUDs to be implemented in order to avoid obstruction of justice and the possibility for individuals to escape from facilities. ATIs for SUDs are effective immediately and must be started within two years of the effective date.[494]			of self-help groups belong to the private sector. However, the treatment outpatient clinics predominated in public establishments, corresponding to 55% of establishments that offer this type of service.[498] Other organizations involved include: Ministry of Public Health and Social Wellbeing, Ministry of Culture and Education, Ministry of the Interior, Ministry of Justice, Ministry of Jobs, Governorate Alto Paraná and the Municipality of Luque.	following ATIs instead of preventive detention: a) House arrest at the individual's own home or at another location designated by the judge. Judges also decide whether or not the person will need to be under surveillance based on the seriousness of their disorder; b) Periodically appearing before a judge or before the authority designated towards the individual; and c) The prohibition to leave the country, the locality in which they reside or the territorial scope set by the judge.[499]	

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Yes, laws in Peru allow for ATIs for SUDs and are implemented. The Legislative Decree No. 1229 of September 25, 2015 modified the new Criminal Procedure Code of 2004 by introducing ATIs that focus on expanding quality of care and the vigilance of health institutions. In addition, Legislative Decree No. 1322 allows for electronic monitoring mechanisms for substance abuse offenders who are older or have disabilities.[500]
</td>
<td>Yes, the national drug control strategy allows for the development of ATIs for SUDs. Peru's National Strategy for the Fight Against Drugs: 2017-2021 "promotes the design, implementation and expansion of coverage, evaluation and institutionalization of drug use prevention programs."[501]</td>
<td>No information available.</td>
<td>The National Commission for Development and a Drug-free Lifestyle (DEVIDA) and the Ministry of Health have created numerous modules focusing on drug treatment for people with SUDs across the nation. Between 2011-2016, DEVIDA trained 6,600 health professional doctors, psychiatrists, psychologists, nurses and social workers to amplify treatment and care for "people with a high drug dependence."[502]

Between 2015-2016, MINSA, CARE-PERÚ and DEVIDA, and the US implemented the first stage of what is known as the "GROW" project. This project has been seeking to improve care for women with SUDs. 481 health professionals were</td>
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</table>
Electronic surveillance is allowed for individuals who have committed low-level crimes and whose penalties are less than eight years. It has been established that aggravated crimes against other individuals, organized crime, and crimes against indemnity and sexual
</td>
<td>There are obstacles for economically disadvantaged people who are discriminated against by organizations. Decree No. 1322 became responsible for getting civil society organizations to provide the resources to establish and maintain personal electronic surveillance which mostly benefits individuals of high prestige.[507]</td>
</tr>
</table>

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			trained in Lima and Callao.[503] Despite efforts to create supportive environments for people with SUDs, there is low adherence amongst these individuals, as only 14% managed to complete therapeutic intervention.[504] Other organizations involved: National Penitentiary Institute of Justice, Ministry of Justice	freedom are not allowed electronic surveillance by the state.[505] Other ATI for SUDs include: house arrest, preventive hospitalization, bail bond and court appearances. Drug courts are under development as "Peruvian authorities have participated in workshops on drug court implementation since 2013, and in 2015 the country's judicial branch proposed establishing drug courts in Peru, but no further information on the progress of this proposal is currently available."[506]	

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<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> "St. Lucia's law provides for alternative measures to incarceration for low-level drug offenses. A few alternative sentences are provided in the Criminal Code of St. Lucia of 2005. The country offers capacity building on probation services."[508] Often, these alternative sentences take the form of fines which are too high to pay.[509] The director of the largest prison facility in the country says that much training is necessary for correctional staff, who resist rehabilitative philosophies. He states that although there are alternative sentences in the Criminal Code, they	St. Lucia does not have a national drug plan or strategy.[511]	"More than half of respondents in …St. Lucia (52%) believe that increasing punitive measures is the best way to reduce crime in their country."[512] In addition, government ministers have expressed regret that there is very little support for reintegrating prisoners.[513] In the environment described above, it seems unlikely that ATIs for persons with SUDs would be popular.	"St. Lucia participates in ongoing competence-based training in the areas of prevention, treatment and social reintegration, through the Training and Certification Program for Drug and Violence Prevention, Treatment, and Rehabilitation (PROCCER) of CICAD/OAS. The country participates in training at a certificate level through the PROCCER training program in both prevention and treatment areas. The country certifies personnel working in the areas of prevention, treatment and social reintegration up to the intermediate level. Certification is attained through either SAACS, the University of the West Indies (UWI) or through the PROCCER program.	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td>X</td><td></td><td>Early Release, Parole, Pardon</td></tr></table> For juveniles, alternative sentencing programs exist but pre-trial diversion does not. However, there is no formal alternative sentencing program. Alternative sentencing is used by some, but not all, magistrates. A formal pre-trial	The Director of Corrections of St. Lucia believes that high fines impede the development of ATIs for SUDs. He also identifies under-resourced probation and parole services as an impediment to ATI development.[517] USAID identifies the following as reasons for lack of progress on ATI for juveniles: lack of resources, lack of political will, persistence of a punitive mindset among some stakeholders, and lack of societal support.[518] The director of corrections at St. Lucia's largest correctional facility says there is only "very inadequate" drug treatment in prison.[519]

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are rarely applied and short sentences are used excessively.[510]			St. Lucia does not have governmental institutional capacities to accredit treatment centers, but it does have an accreditation process done through Accreditation Canada for the one state-run treatment center in the country, which is Turning Point."[514]	diversion plan called the Court Diversion Project was abandoned in 2014 because of lack of government funding.[515] Parole exists but is under resourced and infrequently used.[516]	

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</table>

Yes, laws in St. Kitts and Nevis allow for ATIs for SUDs. The Alternative Sentencing Powers Act states that the power of the Magistrate's Court is required to sentence persons with SUDs to treatment, unless an amending order is made within 3 months after the date of the original sentence.[520]
</td>
<td>St. Kitts and Nevis does not have a national drug control strategy or plan in place allowing for the development of ATIs for SUDs.[521]</td>
<td>No information available.</td>
<td>St. Kitts and Nevis's health system ensures that rules for policy development, programs, and practices care for persons with SUDs are implemented to achieve health sector objectives. This assessment has looked at state actors, health service providers, beneficiaries of services, and regional entities to understand the way that they interact to guide health service delivery. St. Kitts and Nevis is a two island federation, ministries of health on both islands directly manage hospitals and public health centers through institution-based health services and community-based health services departments.[522]

Other organizations involved include: Prime Minister's Office,</td>
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</table>

In St. Kitts and Nevis, a number of ATIs for SUDs are offered only if there are no high level crimes associated with people with SUDs.

The Alternative Sentencing Act
</td>
<td>St. Kitts and Nevis's national observatory on drugs does not include or systematically analyze data on substance abuse offenders by gender, age, socio-economic and educational level, and ethnicity leaving gaps and discrepancies when determining suitable ATIs for people with SUDs.</td>
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</table>

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			Parliament, Ministry of Health, Ministry of Finance, Ministry of Tourism, Attorney General's Office, Ministry of Justice and Legal Affairs, Ministry of Social Services, Ministry of Social Services and Community Development.	allows ATIs such as conditional and absolute discharges, probation order, parole, and community service orders. For conditional and absolute discharges, defendants must plead guilty or be found guilty of an offense if it is in the best interest of the defendant and public. For probation orders, defendants must not face an imprisonment term that exceeds 5 years. Community service orders require unpaid work to be done for a period of 18 months. Drug courts are allowed for defendants who meet the eligible criteria of this kind of treatment following supervision and must be in the program for a short period of time.[523]	

St. Vincent and the Grenadines

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</table>
Yes, St. Vincent and the Grenadines laws allow for ATIs for SUDs. The Criminal Code applies ATIs for SUDs to those individuals who are “reasonably suspected to be of unsound mind, or addicted to drugs or alcohol for the purpose of his care or treatment or the protection of the community.”[524]
</td>
<td>St. Vincent and the Grenadines does not have a national drug plan or strategy addressing ATIs for SUDs.</td>
<td>No information available.</td>
<td>The Mental Health Centre works on decreasing their admission and re-admission rate, and the prevalence of substance abuse. They also work to enhance support services so that persons with SUDs and mental deficiencies will more easily re-integrate into their communities. Lastly, they encourage the involvement and support of family and others to develop programs that will assist in prevention and harm reduction of substance use/abuse.[525]

Other organizations involved include: The National Institute of Mental Health (NIMH) (under the National Institutes of Health) and the Center for Mental Health Services (under the Substance Abuse</td>
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<table>
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</table>
CICAD is currently working with St. Vincent and the Grenadines on drug courts. They will be doing a gap analysis in 2021 to see the feasibility of the model.[526]
</td>
<td>St. Vincent and the Grenadines lacks the training and tools needed in the drug community. Professionals who thoroughly know how to confront issues associated to drug abuse is minimal. In addition, St. Vincent and the Grenadines does not consider gender differences in accordance with relevant international tools for low-level drug-related offenses. As a result, not everyone with SUDs has access to ATIs.</td>
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			and Mental Health Services Administration [SAMHSA]) of the United States; The Health Authority of Regione Lombardia, Italy; The Ministry of Public Health of Belgium and The Institute of Neurosciences Mental Health and Addiction, Canadian Institutes of Health Research.		

Suriname

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Yes, laws in Suriname allow for ATIs for SUDs. Suriname has Law S.B. No. 118 of 2014 titled: "Admission and Treatment of Drug Addicts," that provides alternative measures to incarceration for low-level drug offenses.[527]	There is no national drug control strategy or plan implemented in Suriname allowing for the development of ATIs for SUDs.[528]	No information available.	The Cluster Ambulatory Facilities Addiction care of the Psychiatric Center Suriname. includes an outpatient treatment center for the treatment and support of clients and a knowledge center for information, training and education. The department works according to the medical Psychiatric / BIO- psycho-social model. The outpatient clinic is also a low threshold facility targeting persons with SUDs and other forms of addiction, and people with addictive behavior that negatively affect their daily functioning as sources of help.[529] Other organizations involved include: Regional health Service, Ministry of Health, Offices in	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td>X</td><td></td><td>Early Release, Parole, Pardon</td></tr></table> People with SUDs can have their sentences reduced or eliminated completely as a way to pardon them. This is only allowed for those who do not commit other crimes during a certain period of time or if they	Suriname lacks a national strategy and a national observatory addressing drug dependency. The lack of these implementations does not lay out the priority of having ATIs for SUDs on a nationwide scale addressing different genders and people of different ages.

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			Paramaribo and Nickerie	follow special conditions imposed by the judge during a determined period of time.[530]	

1. Do laws allow for ATIs for SUDs? If so, are these laws implemented?	2.Does national drug control strategy allow for development of ATIs for SUDs?	3.Does public opinion support ATIs for SUDs?	4.What is the nature of the professional drug treatment community?	5.Which ATIs are in (1) operation or (2) under consideration by the govt. for SUDs?	6.What are the major barriers impeding the development of ATIs for SUDs?
<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Yes. Under the Miscellaneous Provisions (Administration of Justice) Act, or Act No. 29 of 2020: “A person is referred by a Judge, Master or District Court Judge to an intensive treatment and counselling program and other services that require the person to be monitored, and to abandon successfully the use of the drug or alcohol and to be held accountable by the Judge, Master or District Court Judge for meeting his obligations to the Court, society, himself and his family.”[531] “The Court may refer a person who has also been sentenced to	No. Trinidad and Tobago’s National Drug Plan (2014–2018) did not allow for development of ATI for persons with SUDs.[533] No information available on development of a new national drug strategy.	**“**The Judiciary of the Republic of Trinidad and Tobago claims that the Implementation of drug treatment centers in Trinidad and Tobago is expected to increase public trust and confidence in the judicial system as an implementer of positive change and national development.”[534] Trinidad and Tobago has not conducted impact evaluations or any other related and current study of drug abuse prevention programs (including public polls).[535]	Drug treatment programs are supported by the government, NGOs, religious groups, and hospitals.[536] The Adolescent Drug Treatment Program trains professionals who work with adolescents to identify and treat alcohol, tobacco, and other drug use.[537] Through CICAD and the Caribbean Community (CARICOM), Trinidad and Tobago have received training of the Drug Treatment Court process, with the training provided by Canada via the Canadian Association of Drug Treatment Court Professionals (CADTCP), the United States, and Jamaica.	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td>X</td><td></td><td>Drug Court</td></tr><tr><td>X</td><td></td><td>Community Service Sentencing</td></tr><tr><td>X</td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td>X</td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Delayed prosecution is offered if the individual has SUDs and wishes to participate in a drug treatment court program.[539] Sanctions for negative behavior includes community service.[540]	Some magistrates are possessive of their cases which leads to the overuse of pretrial detention.[544] Instead of being referred to the drug treatment court, persons with SUDs become involved with the criminal justice system. Information about each participant and their progress in the court, treatment, and other measures are not systematically gathered and evaluated due to a lack of computerized database mechanisms.[545] Information used for program admission by the drug treatment court team takes months to gather.[546] Potential participants lose

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community Service, is on probation, or is on a bond."[532]			Duty (defense) counsel is included in the treatment team, along with the judge (or magistrate), the prosecutors, the treatment provider, a police officer, and a probation officer.[538]	The Bail Boys project is a pretrial diversion program using bail and intensive probation supervision for young males 16-25 years old.[541] A Juvenile Drug Treatment Court was launched in 2017 to serve drug dependent juveniles.[542] Prison decongestion measures have been adopted by Trinidad and Tobago in response to COVID-19, which includes early release to people detained for possession of cannabis less than 30 grams, possession of smoking device, cannabis cultivation.[543]	interest in the drug treatment program. They would rather accept a sentence than have their admission delayed and case adjourned repeatedly.[547]

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Yes, laws in Uruguay allow for ATIs for persons with SUDs for low-level-drug offenses.[548] Law 17.726 of 2003: regarding substitute or alternative measures to pretrial detention.[549] Law 19.007 of 2012 on offenses against the public administration and trafficking of cocaine base paste, Law 19.293 of 2014 on the Code of Criminal Procedure (CPP), and Supplemental Law 19.446 of 2016 on the early release system and alternative sentencing.[550]	No information available on development of a new national drug strategy.	No information on public opinion support for ATIs for persons with SUDs.	Uruguay has programs targeted to persons being treated for substance use in ambulatory, residential, public, and private facilities.[551] Training and refresher courses are offered for professionals and technicians working in the drug field.[552] Introductory training for civil servants in health, education and social policies linked to drug use.[553] Workshops include: Training for prison operators; Drug Uses Workshop - A Public Health and Human Rights Approach.[554]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td>X</td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td>X</td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Uruguay does not have special courts and tribunals for low-level drug-related offenses.[555] ATIs in operation consist of pre-arrest administrative referrals to medical or psychological	Uruguay does not have drug treatment courts or legislation for its provision, and national drug control strategies have not included ATIs for persons with SUDs as a focal point of drug policy. The country offers people with problematic drug use specialized treatment and social reintegration programs, but access to treatment facilities and pretrial services/pretrial diversion programs are not an option as ATIs for persons with SUDs.

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				treatment, and community service for an NGO.[556] Prison decongestion measures have been adopted by Uruguay in response to COVID-19, which includes house arrest to people detained for drug offences.[557]	

Venezuela

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</table>
Laws in Venezuela do not allow ATIs for SUDs.[558]
</td>
<td>Venezuela does not have a drug control strategy in place that allows for the development of ATIs for SUDs.[559]</td>
<td>No information available.</td>
<td>Venezuela offers introductory training programs and continuing education on demand reduction and substance abuse to personnel involved in implementing activities in this area, at the certificate, diploma, undergraduate and graduate levels focused on science-based approaches and best practices in drug demand reduction. Venezuela does not offer its technical and professional experts advanced training programs in demand reduction at the regional or international level. The country also does not conduct regular monitoring or evaluation efforts to ensure that the training in this area meets the country's personnel needs.[560]</td>
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</table>
Venezuela does not have ATIs for SUDs under operation or under consideration by the government.[561]
</td>
<td>Venezuela's humanitarian and political condition across the nation has caused a shift in direction from the government that does not prioritize or even consider the possibility of ATIs for SUDs. As a result, persons with SUDs do not receive the proper tools that can help them towards becoming rehabilitated.</td>
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</table>

Analysis
Team 2: Latin American and the Caribbean
Bianca Suazo, Marc Gale, and Karen Giraldo

Introduction

Team 2 researched alternatives to incarceration (ATI) for persons with substance use disorders (SUDs) in parts of Latin America, including Mexico, Central America, South America, and the Caribbean. Technical assistance from the Inter-American Drug Abuse Control Commission (CICAD) has helped the region develop drug treatment courts. A few major barriers that impede the development of ATIs in Latin American and Caribbean (LAC) countries include the scarce amount of treatment facilities and service providers, which indicate that the drug treatment community has potential for improvement. While public polls on support for ATIs were difficult to research, national drug strategies indicate that many LAC countries would consider the development of ATIs. Our research suggests that LAC[5] countries would benefit greatly from wider government efforts to implement more ATIs, and most countries have legislation in place to do so. The Multilateral Evaluation Mechanism (MEM), a diagnostic tool designed within the framework of CICAD by all member states of the Organization of American States (OAS), facilitated regional information on LAC countries.

Legal Framework Summary for the Region

Most LAC countries have laws in place for ATIs for persons with SUDs. Several countries have recently updated their laws to implement ATIs as well. In Suriname, Law No. 118 of 2014 titled "Admission and Treatment of Drug Addicts" provides ATI for low-level drug offenses. The 2017 Public Policy on Restorative Juvenile Justice in Costa Rica also allows for the same provisions. In Peru, the Legislative Decree No. 1229 of 2015 of the Criminal Procedure Code introduced ATIs which focus on increasing the quality of care for persons with SUDs, and supervision of health institutions providing treatment. Uruguay's Law 19.293 of 2014 of the Code of Criminal Procedure and Supplemental Law 19.446 of 2016 made provisions on the early release system and ATI for persons with SUDs. In 2017 Bolivia passed laws on coca cultivation and controlled substances and amended a penal code that would reduce sentences for drug offences. That same year the law was revoked due to widespread protests against the provisions, and high sentences for drug offenses included under Law 1008 remain in place. Trinidad and Tobago's Miscellaneous Provisions (Administration of Justice) Act, or Act No. 29 of 2020, makes provisions for ATIs including intensive treatment and counselling programs.

[5] LAC countries include: Antigua and Barbuda, Argentina, Barbados, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, The Bahamas, Trinidad and Tobago, Uruguay, and Venezuela.

Drug control strategy/Political will/Public Opinion

There is a wide variety of willingness to develop ATIs for persons with SUDs throughout LAC countries. Some LAC countries have expressed interest in developing ATIs in their national drug strategies. These countries include Ecuador (expansion of ATIs for low-level drug offences), Colombia (rehabilitative services for psychoactive drug consumers) and The Bahamas (drug treatment courts). LAC countries interested in creating new ATIs and have either an expired national drug strategy or are in the process of updating their strategy include Argentina (interests in the promotion and implementation of drug treatment courts in local courts for criminal cases linked to SUDs), Barbados (interest in the implementation of a drug treatment center) and Guyana (treatment rehabilitation, social reintegration, and recovery support services). Other LAC countries that have national drug strategies but do not mention the development of ATIs include Guatemala and Chile.

Public opinion on ATIs is either very limited or unavailable for most LAC countries. Where public opinion was not in favor of ATIs, the argument was that punitive measures are the best way to reduce crime. These countries include Dominica, Guyana, Jamaica, Paraguay, and St. Lucia. Public opinion in Chile, which has had drug courts for some time, favors ATIs to reduce low-severity crimes and rehabilitation over confinement. The people of Bahamas support decriminalization and expungement of criminal records for convictions of possession of small amounts of cannabis. Drug treatment courts are expected to increase public trust and confidence in the judicial system of Trinidad and Tobago. The country's Case Care Management program, scheduled to launch in 2021, will improve its current ATI efforts and collaboration between the justice, public, health and social service sections to further support persons with SUDs and their recovery.

Drug Treatment Community

While most LAC countries offer treatment in more than one sector, their drug treatment communities remain under-resourced. Many countries have little to no information on the treatment facilities, and treatment providers. Barbados, Bolivia, Cuba, El Salvador, Jamaica, Nicaragua, Paraguay, and Suriname have a limited availability of specially trained clinical staff. Treatment providers and counseling services for the drug court in Barbados are offered in only one counseling center. Ecuador's limited number of rehabilitative services led to an increase in illegal rehabilitation centers that lack infrastructure, professional staff, ignore health policies and charge high fees. El Salvador's drug treatment community is not evidence-based and has few government-funded residential treatment facilities. Mexico's inpatient treatment centers lack evidence-based practices as well. Jamaica has experienced a limited availability of psychiatrists due to a national shortage, which has caused delays in screening for drug court participants.

ATIs in operation or under consideration for persons with SUDs

Diversity in ATIs is limited in LAC countries. Key ATIs being used are drug treatment courts and conditional suspension. With technical assistance from CICAD to explore, implement and evaluate drug court models, Latin America has more than any other region in the world. Guyana implemented its first drug treatment court for adults in 2019. Argentina, Barbados, Chile, Colombia, Dominican

Republic, Jamaica, Mexico, Panama, and Trinidad and Tobago have drug courts as well. Antigua and Barbuda, Belize, Ecuador, Peru, St. Vincent and Grenadines, The Bahamas and St. Lucia are considering drug courts. Measures for conditional suspension exist in Argentina, Chile, Dominican Republic, Mexico, Nicaragua, and Panama. Argentina, Bolivia, Brazil, Guyana, Mexico, Trinidad and Tobago and Uruguay have adopted prison decongestion measures in response to COVID-19.

Main barriers for ATIs for persons with SUDs

LAC countries have a few barriers that prevent the implementation or expansion of ATIs. Lack of clear criteria between drug use and drug trafficking leads to disproportionate sentencing in Argentina (judges have the power to prosecute persons with SUDs on a case-by-case basis), Bolivia (drug offences lead to 10-25 years of incarceration), Brazil (legal differences between consumers and traffickers are not strictly defined), Colombia and The Bahamas. The overuse of pretrial detention exists in multiple countries. Pretrial detention remains a practiced norm in Bolivia even though it has not been mandatory since 1999. In Trinidad and Tobago, some magistrates are possessive of their cases. Instead of being referred to the drug treatment court, persons with SUDs become involved with the criminal justice system. Overuse of pretrial detention also exists in Chile, El Salvador, Honduras, and Uruguay. Limited treatment options and lack of diversion programs are barriers in Barbados (dependent on one counseling service), Belize, Bolivia, Costa Rica, El Salvador, Guatemala (where the only option for free drug treatment is an ambulatory center) and Haiti. Lack of societal support has prevented legislation for ATIs in Bolivia, Dominica, and St. Lucia. Specially trained clinical staff (prevention specialists and treatment service providers) are needed to tailor treatment to the needs of the participants, including in El Salvador (where most treatment centers use volunteers as both directors and staff), Chile, Guyana, Jamaica, St. Vincent and the Grenadines and Trinidad and Tobago. Available data related to monitoring and evaluation mechanisms are scarce. With little to no evaluations available, it is hard to assess the magnitude of the problem, and if the drug courts are helping persons with SUDs to the best of their ability.

Conclusion

Since several national drug strategies of LAC countries have expired, further provisions for ATIs for SUDs in their new plan would help push countries in the region to either pilot a program associated with a treatment center or advance government efforts to do so. Although LAC has implemented the most drug treatment courts than in any other region in the world, expansion of treatment options requires more attention and consideration. With the reallocation of funds into ATIs, broader judicial reforms for non-violent and low-level drug-related offenses and being able to address the issues from a public health approach, ATIs could continue to grow and persons with SUDs would be provided with the proper resources for their rehabilitation.

Western Europe
Team 3
JOHN JAY COLLEGE OF CRIMINAL JUSTICE
CUNY The City University of New York

Regional Maps

Figure 1. Do laws allow for ATI for SUDs?

Figure 2. Does national drug control strategy allow for development of ATI for SUDs?

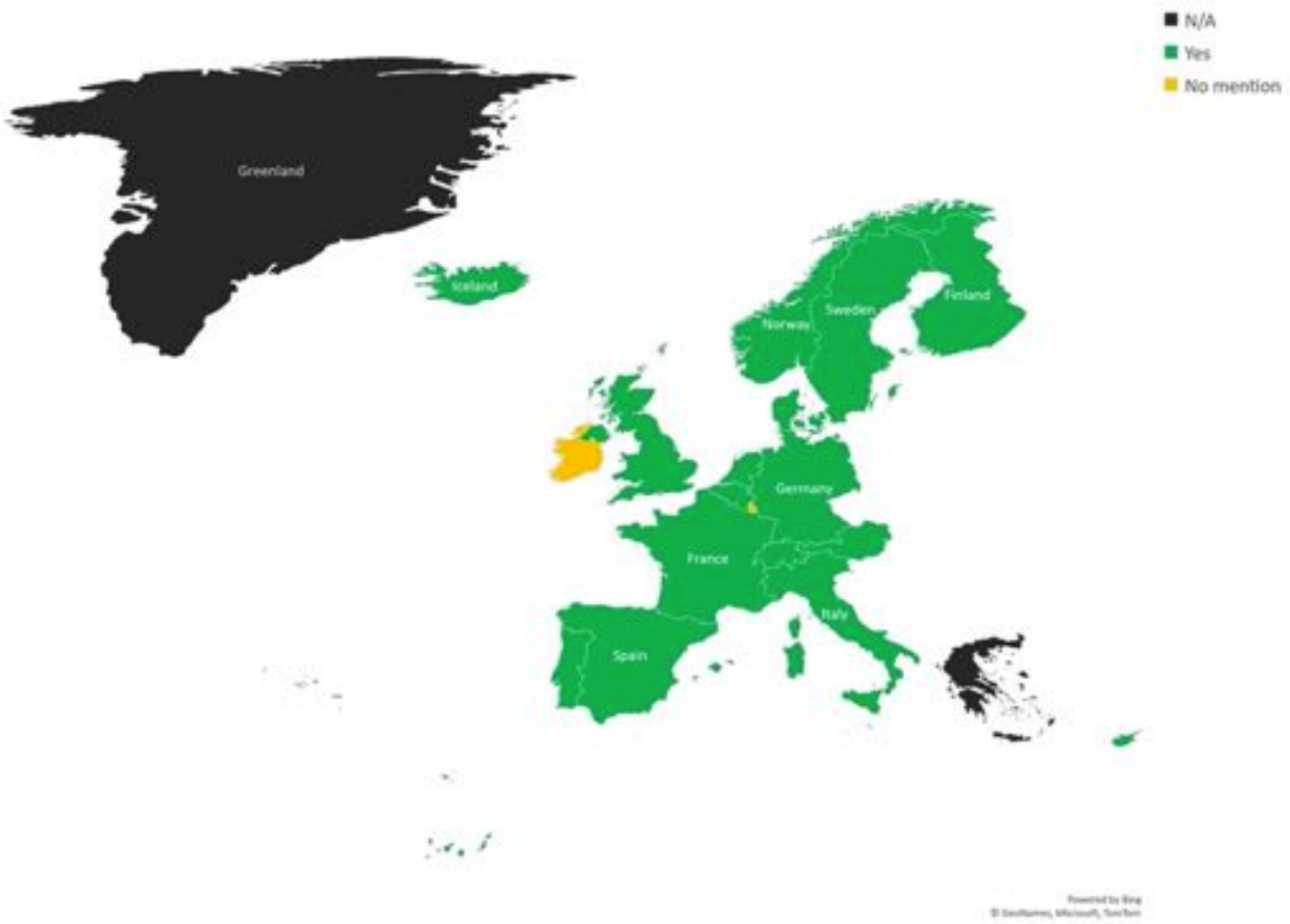


Figure 3. Does public opinion support ATI for SUDs?

Figure 4. What is the nature of the professional drug treatment community?

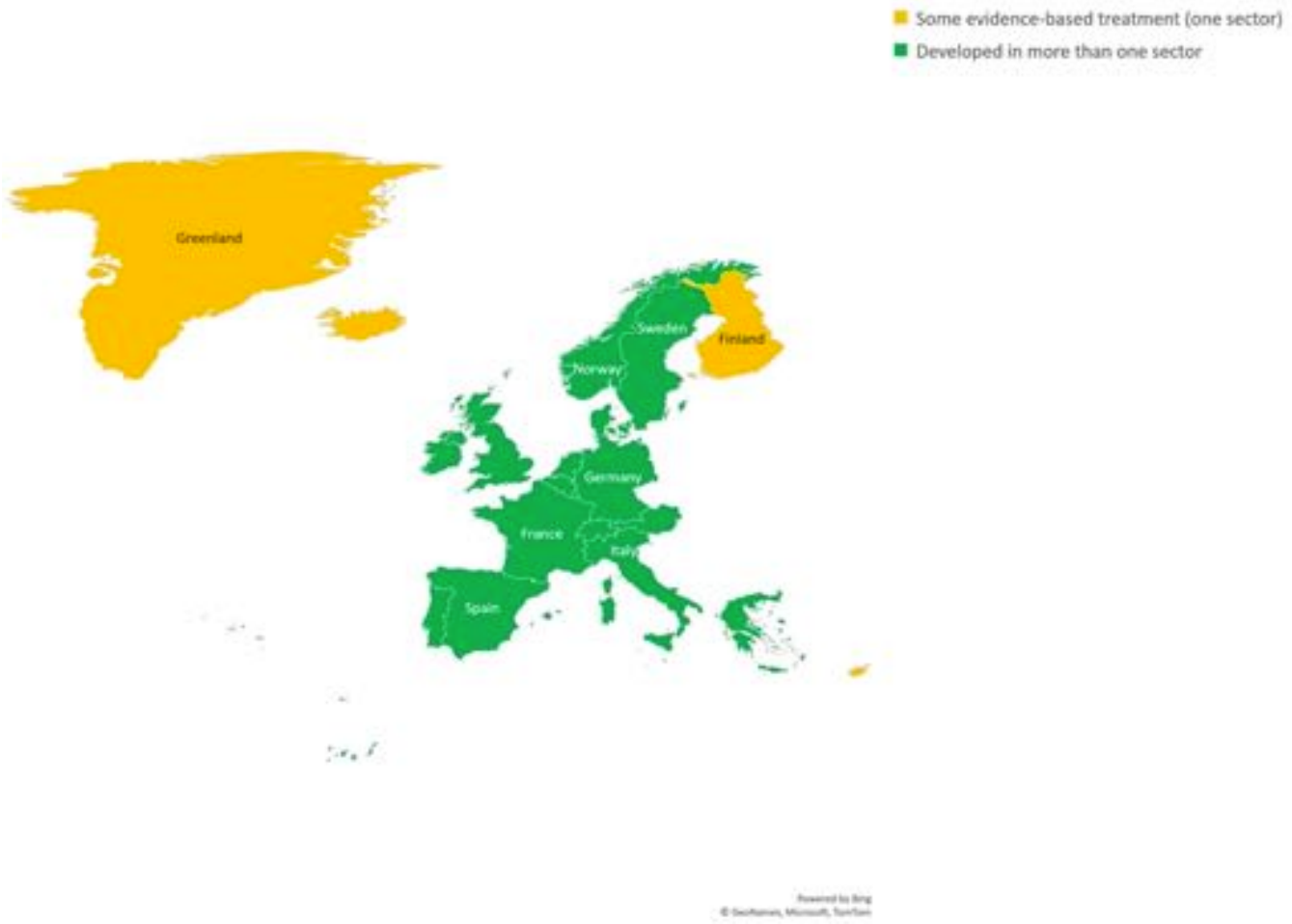
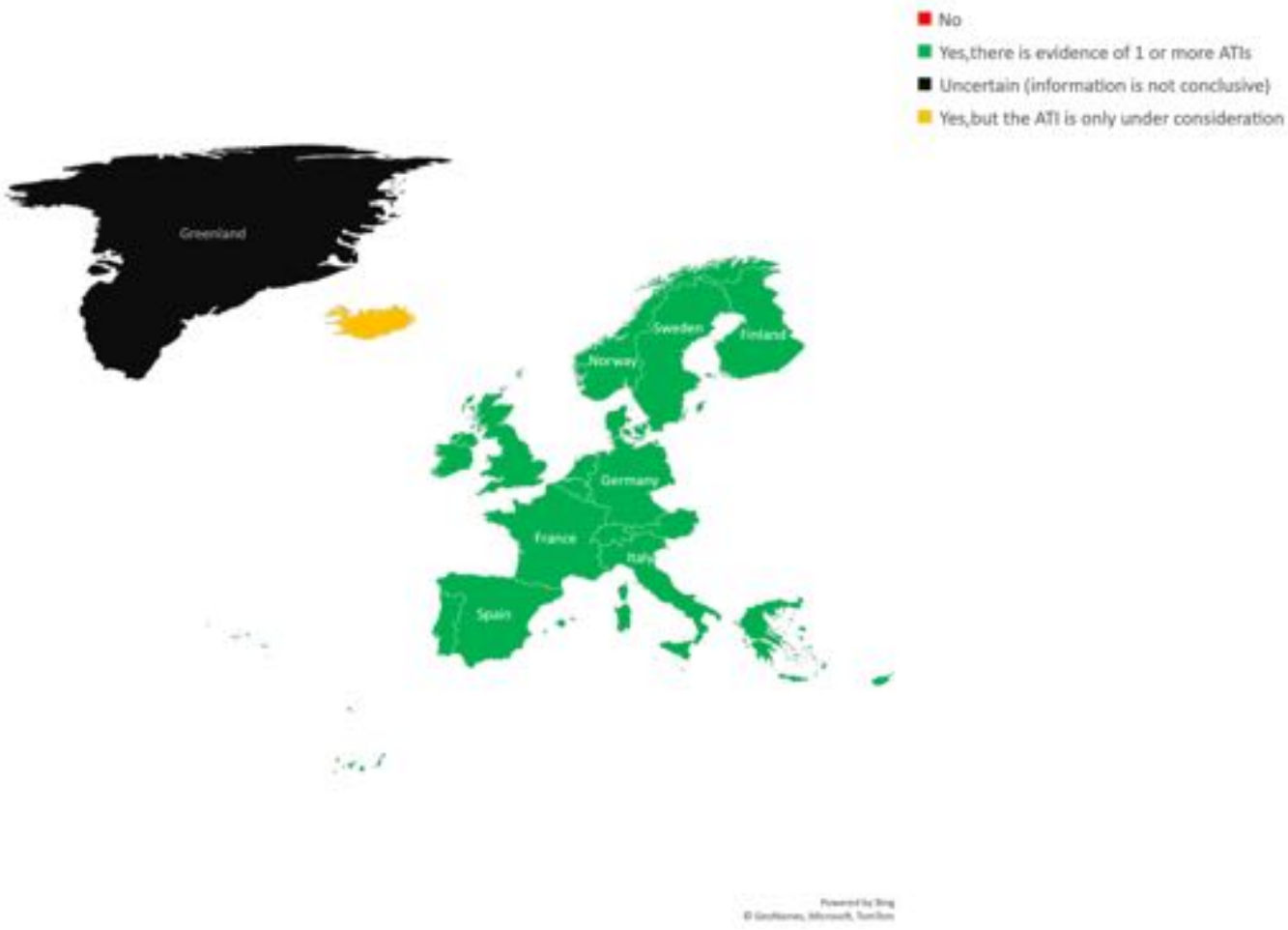


Figure 5. Are there ATIs in operation or under consideration for SUDs?



Country tables

Andorra

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Andorran criminal law allows for ATIs for SUDs. Under Andorran law, ATIs are applicable only to non-habitual offenders.[562] While the law does allow for ATIs, there are none in place or implemented that are specifically for those with SUDs.
</td>
<td>The Andorran Ministry of Justice and the Interior (MJI) oversees criminal justice policy.[563] No information was found on Andorra's national drug control strategy.</td>
<td>No information on public opinion support for ATIs for SUDs found.</td>
<td>There is a professional drug treatment community in Andorra comprised of psychiatrists, psychologists, social workers, and others.[564]</td>
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None of the above appear to be in use or under development by the Andorran government.
</td>
<td>Andorra is a small principality located between France and Spain. In 2007, the total prison population for Andorra was 67.[565] Of the 67 people incarcerated in Andorra, fewer than 20% were Andorran.[566] A potential barrier to the development of ATIs for SUDs in Andorra is that the those participating in ATI programs will not primarily be Andorrans. Justifying the investment into programs, services, and benefits that will not primarily better Andorrans may not be possible.</td>
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The Narcotic Substances Act (NSA) is Austria's main drug law. It distinguishes between criminal offenders and those with SUDs,[567] and embraces the principle of treatment instead of punishment. ATIs for those with SUDs are provided in the law.[568]

ATIs are offered "to problem drug users even if they have committed other offences that might be connected with drug use" (See Austrian Law SMG, s. 35).[569]

Laws allow for those with SUDs to both avoid incarceration and get treatment.[570]

In 2007, the NSA made some previously
</td>
<td>Austrian national drug policy uses the principle of treatment instead of punishment for those who have SUDs and criminal justice contacts.[573]</td>
<td>No information on public opinion support for ATIs for persons with SUDs found.</td>
<td>The Federal Ministry of Labour, Social Affairs, Health and Consumer protection oversees drug treatment in Austria and a drug coordinator is responsible for the accreditation and monitoring of treatment programs at the federal level.[574]

There is a Provincial Conference of Drug Coordinators and each province has an Addiction Prevention Unit.[575]</td>
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ATIs in place in Austria for those with SUDs include drug treatment[576], mandatory suspension of proceedings in certain procedures and
</td>
<td>Austria's use of the principle of treatment over punishment leads to belief that ATIs for SUDs will continue to be developed and implemented. As with many other justice systems around the world, the biggest impediment to the development of ATIs for SUDs may be funding considerations.</td>
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optional ATIs mandatory.[571] Under certain conditions, some ATIs for SUDs are compulsory.[572]				therapy[577] and quasi-compulsory alternatives.	

Belgium

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Belgian law allows for ATIs for SUDs. Under Belgian drug control law AR 1930, Article 26, alternatives are offered to those with SUDs, even if they have multiple offences, as long as those offences are connected to SUD.[578]
</td>
<td>Belgium's national drug control strategy allows for the development of ATIs for SUDs. One of the five principles of the Federal Drug Policy Note is the "treatment, risk reduction and reintegration" of those with SUDs.[579]</td>
<td>No information on public opinion for support of ATIs for SUDs found.</td>
<td>The federal and federate governments are jointly responsible for overseeing treatment in Belgium, though coordination occurs at the national government level.[580]

There is a professional drug treatment community in Belgium, trained in mental health, psychology, psychiatry, and healthcare.[581]</td>
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Belgium's drug court in Ghent was established in 2008.[582] Following the success of this program, the Ministry of Justice is encouraging courts across the country to implement drug treatment courts as an ATI for persons with SUDs.[583]
</td>
<td>ATIs for SUDs in Belgium are well-developed and well-supported.</td>
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				Alternatives to incarceration in Belgium include probation, conditional release, mediation in criminal cases, community service.[584585]	

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Cypriot law allows for the development of ATIs for persons with SUDs. The main law regarding ATIs for persons with SUDS is “Treatment of accused drug users or drug dependent individuals.”[586] In 2016, a new law was introduced that made it possible for those with SUDs to apply for a treatment alternative to incarceration.[587]
</td>
<td>Cyprus released a National Addictions Strategy for 2021-2028 which includes strengthening alternatives to imprisonment.[588]</td>
<td>No information on public support of ATIs for SUDs found.</td>
<td>There is a professional drug treatment community in Cyprus.

The National Addicts Authority oversees accreditation, evaluation, and coordination of drug treatment in Cyprus.”[589]

In recent years, social workers have been removed from many venues where drug treatment takes place, such as hospitals and addiction centers.”[590]</td>
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ATIs in Cyprus include suspension of investigation, suspension of proceedings, and drug treatment.[591] In addition, those under 24 caught with cannabis for the first time are not sent to prison but are referred to counselling or treatment.[592]
</td>
<td>ATIs for persons with SUDs in Cyprus have strong legislative support and good legal foundations. Despite this, there are few ATIs in existence. One reason for this, and therefore one barrier to the development of ATIs for SUDs, may be that there is a prevailing belief among the judiciary that “people get better through punishment.”[593]</td>
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ATIs for SUDs are not specified in Danish laws. This does not, however, mean that Danish law does not allow for ATIs. ATIs for SUDs are indeed in use in Denmark, even though no specific alternative for a specific offense is listed in legal codes.[594]
</td>
<td>Denmark's national drug strategy is not outlined in a single document; however, a combination of official policies and legislative acts make up Denmark's comprehensive national drug policy.[595] Danish national drug policy does allow for ATIs for SUDs.[596] For example, at sentencing, if the court finds punishment unnecessary, compulsory treatment can be ordered for an offender with SUDs.[597]</td>
<td>According to a survey conducted by Balvig, 57% of Danish respondents believe that sentences should serve to punish offenders, whereas 29% believe that sentences should help and support offenders so they do not recidivate.[598]</td>
<td>There is a professional drug treatment community in Denmark. This includes the National Board of Social Services, the Danish Health Authority, and the Danish Medicines Agency.[599]</td>
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Conditional sentences are offered commonly in Denmark. For those given conditional sentences who have SUDs, the law may require that they undergo treatment for their SUDs.[600]
In Denmark, all offenders with a sentence of less than five
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<td>ATIs in Denmark are in use. No barriers found.</td>
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				months can apply to serve their sentence under electronic monitoring.[601] Community service and enrollment in treatment are other common ATIs in Denmark, if the offenses are not considered to be serious.[602] Suspended sentences may be combined with a requirement to complete community service.	

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Finnish law allows for the use of ATIs for persons with SUDs. The Narcotics Act is the main drug law in Finland, and Chapter 50 of the Penal Code provides for drug offences.[603]	The Act on Organizing Alcohol, Tobacco, Drugs, and Gambling Prevention (523/2015-2025) serves as Finland's national drug control strategy. This Act directs states and municipalities to establish and maintain programs and services that prevent substance abuse.[604] The Prosecutor General established guidelines for prosecutors, encouraging them to waive charges for drug users who seek treatment, even if those users need several waivers to break their addiction. In reality, however, most drug users receive fines rather than waivers.[605]	Public opinion does support ATIs for SUDs. Finnish society believes in rehabilitating offenders.[606] Interestingly, the Finnish public "are intolerant of crime and violence, yet [are] open to the idea of alternative forms of punishment, especially for non-violent and juvenile offenders."[607] In addition, there is support for the use of rehabilitation and alternatives over incarceration.[608]	The Finnish Institute for Health and Welfare (THL) oversees drug treatment in Finland.[609] Substance use treatment in Finland includes inpatient and outpatient services, and involves psychological counselling, referrals, and detoxification, among other services.[610] Regions and municipalities are responsible for organizing treatment services based on their unique needs.[611] Each municipality has a substance use worker to coordinate local actions. Other treatment professionals include mental health care workers, healthcare workers, psychologists, and counselors.[612]	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td>X</td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td>X</td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td>X</td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Community service is an ATI in Finland for those whose prison sentence is less than eight months. The person being sentenced must consent to	ATIs for persons with SUDs are well-funded and well-developed in Finland. No major barriers found.

1. Do laws allow for ATIs for SUDs? If so, are these laws implemented?	2. Does national drug control strategy allow for development of ATIs for SUDs?	3. Does public opinion support ATIs for SUDs?	4. What is the nature of the professional drug treatment community?	5. Which ATIs are in (1) operation or (2) under consideration by the govt. for SUDs?	6. What are the major barriers impeding the development of ATIs for SUDs?
				being sentenced to community service rather than to prison.[613] Electronic monitoring in Finland can be used both in place of and in conjunction with incarceration. Electronic monitoring is used in place of incarceration to replace prison sentences of less than six months.[614] In Finland, ATIs such as fines and waivers are used at the pre-trial stage for those who seek treatment for their SUD.[615] Conditional sentences in Finland are an alternative for carceral sentences under two years. These sentences are imposed by the court, but enforcement is postponed.[616]	

France

1. Do laws allow for ATIs for SUDs? If so, are these laws implemented?	2. Does national drug control strategy allow for development of ATIs for SUDs?	3. Does public opinion support ATIs for SUDs?	4. What is the nature of the professional drug treatment community?	5. Which ATIs are in (1) operation or (2) under consideration by the govt. for SUDs?	6. What are the major barriers impeding the development of ATIs for SUDs?
<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> French law does allow for ATIs for SUDs. Specifically, Articles 41-1 and 41-2 of the Code of Criminal Procedure name alternatives to incarceration.[617] In addition, French law uses the principle of opportunity of prosecution. This principle allows public prosecutors the flexibility to evaluate a situation on an individual level and tailor the prosecutorial response to each individual and locality. As part of this principle, French law allows for the use of ATIs in all cases, including those with SUDs.[618]	France's national drug control strategy, the National Action Plan on Addictions 2018-2022, allows for the development of ATIs for persons with SUDs.[619]	No information on public opinion support of ATIs for persons with SUDs found.	There is a professional drug treatment community in France. The Interministerial Mission for Combating Drugs and Addictive Behaviors (MILDECA) coordinates drug use prevention policy, and partners with the Interministerial Committee on Crime and Radicalization Prevention to fund programs in the criminal justice system and to prevent drug trafficking.[620] The Ministry of Health oversees drug treatment in prisons.[621] The French drug addiction office publishes information with the aim of helping to guide policymakers through current, science-led data.[622]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td>X</td><td></td><td>Community Service Sentencing</td></tr><tr><td>X</td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td>X</td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Penal settlement is an ATI in France. This alternative functions similar to a plea bargaining system, where an adult admits to having	ATIs for persons with SUDs are well-developed in France. No major barriers found.

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			Drug treatment is coordinated at regional and local levels.[623] Drug treatment for prisoners and general addiction care is provided through hospitals.[624]	committed at least one misdemeanor, punishable by up to five years imprisonment, and in exchange the prosecutor agrees to a settlement measure, which can take the form of fines, community service work, suspension of driver's license, restitution payments to victims of the crime(s), or forfeit and surrenders of materials used in the commission of the crime or any profits gained. As long as the agreement between the prosecutor and the offender is approved by a judge, there is no prosecution or conviction.[625] A sentence may be suspended if the offender successfully completes a rehabilitative or treatment course.[626] At the sentencing stage, persons with SUDs may be sentenced to treatment.[627] Counseling and treatment are available ATIs for those who have not been diagnosed with addiction and who have committed minor drug possession offenses.[628]	

Germany

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> German law does allow for ATIs for SUDs.[629] The German Federal Narcotics Act specifically states that alternatives measures are available for those with SUDs.[630]	German's national drug control strategy does allow for the development of ATIs for SUDs.[631] Like other countries in Western Europe, Germany embraces the principle of treatment over punishment. It is possible for punishment to be postponed or remanded if an offender enters treatment.[632]	A survey conducted in 2017 in Germany indicates that respondents tend to favor suspended sentences for some non-SUD-related offenses. Of particular interest is the fact that a similar survey conducted in 2012 indicated that fewer respondents favored suspended sentences for certain offenses. This may indicate changing attitudes among the German population regarding ATIs, and may indicate that public opinion would support ATIs for SUDs, under certain conditions.[633]	There is a professional drug treatment community in Germany. The Professional Association on Drugs and Addiction issues recommendations and conducts trainings.[634] The German Central Office for Dependency Matters (DHS) represents that 24 substance addiction organizations in Germany.[635] Many treatment facilities in Germany are run by charities.[636] Family doctors and general practitioners can specialize in addiction medicine.[637]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td>X</td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> In Germany, punishment may be deferred for up to two years while an offender completes treatment.[638] Compulsory treatment may also be used in Germany.[639]	Few ATIs for SUDs exist in Germany currently. This may be in large part because there is still a heavy emphasis on punishment for law-breaking. For example, though punishment may be deferred and time spent in treatment deducted from a prison sentence, there is still a prison sentence to be served upon completion of treatment.

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Greek law does allow for ATIs for SUDs. Law 3459/2006 Article 31, states that alternatives are available to those with SUDs, even if there are multiple offences connected with substance use.[640] In addition, Greek law 4139/2013 outlines treatment interventions as alternatives to prison for SUDs.[641]
</td>
<td>The Greek National Drug Strategy 2014-2020 was developed by the National Committee for the Coordination and Planning of Drugs responses. Among the goals of the strategy were to reduce drug demand through treatment and rehabilitation.[642] The national strategy does not make any specific mention allowing for the development of ATIs for SUDs.</td>
<td>Public attitude toward those with SUDs is largely negative. Even in studies examining the attitudes of health professionals, negative opinions of those with SUDs were common.[643]</td>
<td>The government of Greece fully or partially funds nearly all drug treatment centers in Greece. These centers are run by either public entities or corporate bodies.[644]</td>
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Punishment can be suspended if an offender is undergoing treatment.[645]

Conditional release to attend treatment programs outside of prison is available to those with SUDs.[646]
</td>
<td>According to one research article, treatment ATIs for SUDs are not “popular” among the judiciary and justice administration.[649] As such, though ATIs do exist for SUDs, they may not be used as often as needed because of hesitancy. In addition, there is an overwhelming negative stigma associated with SUDs, not only by members of the Greek public, but also by members of the Greek professional drug treatment community.[650] This stigma may very well be a barrier to the development of ATIs for SUDs.</td>
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				Treatment is offered as an alternative.[647] Prosecution may be postponed in drug-related cases if the offender participates in a drug treatment program.[648]	

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Chapter 23, Section 85 of Greenland's Criminal Code provides for sanctions. It reads "The court may apply the following sanctions: (1) Warning, (2) Fine, (3) Restrictions as to residence and visiting particular places, (4) Compulsory labor, (5) Compulsory training, (6) Medical treatment, (7) Placement in an institution, (8) Other limitations on freedom of action, (9) Confiscation. Appropriate sanctions may be imposed on a probationary basis."[651]

Though these ATIs are inscribed in the Criminal Code, they are not specifically designated for use for persons with
</td>
<td>No information available.</td>
<td>77% of respondents to a survey believe that sentences should be tailored to the individual's needs and support the person in not reoffending.[652]</td>
<td>There is a professional drug treatment community in Greenland. As part of a national strategy to reduce and prevent alcoholism, Allorfik was created in 2016. Allorfik is a free public service that provides treatment for alcohol, gambling, and drug addiction.[653]

There is a private treatment center called Katsorsaavik in operation and supported by the Department of Health.[654]</td>
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ATIs in Greenland include warnings, fines, conditional sentences, supervision, and community service sanctions. However, it is not clear if these ATIs are available for persons with SUDs.[655]
</td>
<td>There are several factors impeding the development of ATIs for persons with SUDs. Statistics on drug use and drug offenses are not available. It is difficult to know how many people with SUDs would be impacted and would benefit from ATIs, and it is difficult to estimate the financial aspect of developing ATIs when baseline numbers are not available. Greenland's economy is not self-sufficient. Two-thirds of its budget is provided by Denmark.[656]

Greenland is currently facing a number of social problems. Alcohol consumption is "the</td>
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SUDs. These alternatives are available for all offenses.					single most important public health challenge in Greenland."[657] The suicide rate is the highest in the world.[658] In 2017, 2018, and 2019, just over 1% of Greenland's adult population entered treatment for alcohol, gambling, or substance addiction. Of those, roughly 61% were survivors of sexual violence victimization.[659] There are high rates of sexual abuse in childhood years.[660] The social and public health challenges facing Greenland are bigger than ATIs. There are high rates of suicide and high rates of sexual violence among young people. In a place where the total prison population is

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					less than 160 people, the development of ATIs for any offense may not be a priority when suicide rates and instances of sexual assault are so high.

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<table><tr><td>X</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> The Narcotics Act of 1974 outlines legislation as applies to narcotics in Iceland. There is no specific mention of ATIs for persons with SUDs[661] provided for in the law.	Iceland's national drug control strategy is heavily focused on preventing SUDs and establishing and maintaining programs that will divert people away from the criminal justice system.[662] National drug control policy does allow for the development of ATIs for SUDs. There are policies in place to divert those with SUDs away from the criminal justice system and into treatment programs.[663] In addition, Icelandic drug policy does make use of compulsory treatment for those with SUDs.[664]	In January 2021, Iceland's Minister of Health announced plans to introduce legislation that would decriminalize drug consumption.[665] As part of the announcement, the Minister of Health mentioned that changing attitudes towards drugs, substance use, and substance abuse have been shifting away from punishment toward treatment, a shift which has been felt in Iceland as well.[666] There appears to be an understanding in Iceland that it is better to treat those with SUDs as patients, not as criminals. As such, it is likely that public attitudes in Iceland would support the development of ATIs for SUDs.	The professional drug treatment community in Iceland is made up of addictionologists, narcologists, addiction counselors, and psychiatrists.[667] Funding for treatment services in Iceland is provided by non-governmental organizations.[668] SÁÁ-National Center of Addiction Medicine is an NGO operating in Iceland. This organization "is responsible for the bulk of all alcohol and drug abuse treatment in Iceland." Staff providing treatment at SÁÁ facilities include nurses, psychologists, and counselors.[669]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td>X</td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Referrals to compulsory treatment programs are common in Iceland.[670]	The government of Iceland is committed to establishing and maintaining programs and services that prevent SUDs. Many of these programs are directed at young people, especially school-aged children.[671] The government is also committed to treatment programs, including ordering compulsory treatment at the pre-arrest stage. These programs may be a barrier to the development of ATIs for persons with SUDs. These programs are designed to prevent SUDs and to keep people from ever having contact with the criminal justice system in the first place. It is very possible that if these programs, and others like them, are

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					successful, there may not be enough of a need for ATIs to develop. That being said, the legislation to decriminalize certain substances and remove punishment for those caught with a quantity of drugs below a certain threshold would still maintain punitive measures for those who commit crimes outside of those thresholds. Given the government's stance that punishment is ineffective at changing behavior and treating SUDs, it is very possible that the government would be willing to develop ATIs for those whose substance use is more serious in terms of criminal liability.

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<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> Irish law does allow for ATIs for SUDs in some cases.[672] The Criminal Justice (Community Service) (Amendment) Act of 2011 requires that courts consider sentencing offenders to community service rather than to incarceration in all cases—including those involving SUDs—where a sentence of up to 12 months' imprisonment would be imposed.[673] The Community Service Amendment requires judges to *consider* the sentencing of offenders to community service. In practice, many judges are reluctant to sentence offenders under the act to community service.[674]	The official title of Ireland's national drug control strategy is 'Reducing harm, supporting recovery—a health led response to drug and alcohol use in Ireland 2017-2025'.[675] As the name suggests, Ireland is approaching drug control, substance use, and addiction as a public health issue rather than a criminal justice issue.[676] While ATIs for SUDs are not specifically mentioned in the policy document, an examination of the strategy and the inclusion of values such as equity, meaning "a commitment to ensuring that people have access to high quality services and support, regardless of where they live or who they are" suggests that the development of ATIs for SUDs would be allowed.[677]	Public opinion in Ireland does support ATIs for SUDs. As part of the preparation process for Ireland's current national drug strategy, there was an opportunity for the public to voice their opinion on the strategy.[678] Two of the key findings of the report that was published as a result of this process was that the public pushed to have drug use treated as a health issue rather than a criminal justice issue, and that treatment and rehabilitation services should be available to all people in all parts of the country.[679]	There is a professional drug treatment community in Ireland. The Health Service Executive (HSE) manages all publicly funded drug treatment in Ireland.[680] Addiction studies specialties are available as part of university degrees, both as concentrations and as certificates.[681][682]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td>X</td><td></td><td>Drug Court</td></tr><tr><td>X</td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> There is one drug court in the Republic of Ireland, located in Dublin.[683] Community service sentencing is another available alternative for any sentence in Ireland that would result in less than 12 months' imprisonment.[684]	While Ireland does have some ATIs in place for persons with SUDs, they are not widely used. In the case of community sentencing orders, judges are reluctant to use this alternative. It may be that as ATIs for SUDs develop, an on-going barrier may be judicial reluctance.

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In 2014, Italy modified its criminal code (Law no. 67/2014) to address prison rates and seek ATIs.[685]

Drug use is not an offense. Drug possession for personal use is cited. Law 79 (2014) distinguishes between less/more dangerous drugs, which reduced prison populations for Cannabis possession which previously was seen as the same as harder drug possession.[686]

A socio-rehabilitation and therapeutic program may be offered in addition to</td>
<td>Department for Anti-Drug Policies is responsible for the strategic and operational coordination of Italian drug policy and coordinates with regions and municipalities on prevention and reintegration activities.[690]

The Italian National Action Plan on Drugs was put in place for 2010-13, but it remains in force pending development of a new strategy.[691] The strategy covers two pillars of demand and supply reduction. Rehabilitation, treatment and reintegration fall under demand reduction guidelines.

There are demand reduction activities which include</td>
<td>Government runs prevention efforts centered around family units and school, using mass media campaigns.

General support politically by EU, national and regional governments to change legislation towards ATIs in 2014, after drug law reform to reduce prison population and overcrowding. There is still general support to laws looking towards legalization of softer drugs such as cannabis, although political motivation has</td>
<td>Public and private outreach programs at local level. Some specific projects funded through National Drugs Fund.[695]

Two systems- Public Drug Addiction Service Units (SerDs- part of the national health system) and social-rehabilitative facilities (residential/semi-residential mainly run by private organizations).

Professional degrees in social health operations in drug addiction field in Italy, supported by government and universities.[696]</td>
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Warning for first possession offense with referral to treatment centers.[697]</td>
<td>Current system relies on a drug treatment screening process following SUD offender volunteering for treatment/ already being in prison for treatment. There are a number of ATIs at the discretion of the court. ATI drug treatments are in systems managed by health care system and overseen by criminal justice system (as recommended by WHO and UNODC.)[701]

It was noted that ATIs in place reduced prison populations since 2014, but this has put increased pressure on available resources at treatment centers managed by public and private entities.</td>
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administrative sanctions (article 75, DPR 309/90 as modified by DL 272/2005). This may be offered by the public service or the acknowledged private organizations for addiction (no longer only drug addiction). Since 2014, there is no obligation for addiction service workers to notify competent authorities of breaches of these programs.[687] Administrative sanctions for personal possession offences include 1-3 months imprisonment for less dangerous drugs; 2-12 months for more dangerous drugs. First time offenders may receive a formal warning. Offenders may also volunteer for treatment/ rehabilitation and proceedings are suspended while treatment takes place. Failure to attend	prevention, treatment, rehabilitation and reintegration.[692] The criminal justice system has the ability to introduce ATIs if a SUD offender volunteers for treatment. However, this is dependent on the SUD offender volunteering for treatment prior to prison/being screened for drug addiction/ coming into contact with treatment in prison. There was an agreement between US and Italy in 2011 to cooperate on drug research and training, specifically between U.S. and Italian public health research institutes and clinical centers on prevention, early intervention, treatment, rehabilitation, recovery, and reintegration of drug abusers.[693]	stalled. However, in some parts of Italy there still exists a stigma on drugs and drug use, which Fascism, the Christian Church and conservative governments have established and reinforced.[694]		Prisons work with SerDs to provide drug addiction services within prisons. -Referrals to treatment* -Probation to social services (max 3-4 year offences).* -Probation to therapeutic community (sentences to 4 years).* -House arrest- pre- and post-trial, for home or treatment center*. -Home detention- for offences up to 2 years*.[698] *Offenders must often refer/ volunteer themselves and Italian system also requires medical referral to confirm offender has a SUD. Offenders must declare to have SUD and tests must confirm drug use. In 2012 13% of SUD offenders were subject to alternative measures.[699] -Suspension of execution of custodial sentence. -Substitute Community service.[700]	Core limitations appear to be resources and funding for ATIs, continued political support for ATIs, and a lengthy ATI process requiring drug screening and SUD offender identifying as a person with a SUD.

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treatment results can result in original administrative sanctions taking place.[688] For administrative offence of drug possession, SUD offenders are interviewed by drug addiction operating unit of the local prefectures and may be sent to treatment.[689]					

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Anyone who deliberately consumes narcotics without authorization or who commits an offense within the meaning of Article 20 of the Federal Act on Narcotics and Psychotropic Substances 1951for their own consumption will be punished by the regional court with a fine of up to 50,000 francs for infringement, and up to six months' imprisonment in the event of non-collectability.[702]

A penalty can be waived in minor cases.[703]

In the event of a conviction for a criminal offense
</td>
<td>The Commission for Addiction Issues has now developed a new addiction policy paper, updating a previous one from 1997.[710] The paper notes that decriminalization for drugs is becoming a more prevalent issue, which may affect ATIs. The policy paper highlights prevention, therapy, and legal intervention measures (also educational) as its main pillars[711]. Statutory intervention measures still include repressive punishment measures for possession offences.[712]</td>
<td>No information on public opinion support for ATI for persons with SUDs.</td>
<td>The Office for Social Services is responsible for addiction prevention. Methadone treatment is present in Liechtenstein.

In Prisons:
- Reduction of substitution drugs (methadone, heroin, etc.) with addiction counseling or psychotherapeutic treatment on request.[713]
- Addiction therapy from the forensic specialists.[714]
- Mediation of withdrawal options in clinics and inpatient therapies after the end of the sentence.[715]

There is dialogue in Liechtenstein around drug treatment and ATIs, by non-government medical professionals.[716]</td>
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- Fines
- Charitable work (especially for juvenile offenders)[717]
Suspended sentences pending successful treatment for SUD offenders[718]
</td>
<td>The main barriers to ATIs appear to be limited resources and a population size that may not lend itself to recording data to sufficiently record SUD offenders and/or the need for ATIs.

Prison populations in Liechtenstein are small, with a total of 9 prisoners in 2020 (all offences, under 2 year sentences, not data for prisoners with SUDs).[719] In 2019, 13 prisoners were incarcerated in Austria and there were only 43 prisoners in Liechtenstein (all offences- no data for prisoners with SUDs). From 1 January 2018, only remand, deportation and extradition detention as well as short prison sentences and alternative sanctions (“Ersatzfreiheitsstrafe” which is custody for</td>
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committed because of a drug addiction, the court may temporarily postpone the prison sentence (no more than five years or a fine with a trial period of at least one and a maximum of five years) if the perpetrator undergoes rehabilitation treatment if, taking all circumstances into account, success of this treatment can be expected.[704] A stay in a state-recognized institution, which serves to remedy the dependency or to counteract a renewed dependency, also counts as treatment.[705] The convicted SUD offender is obliged to provide evidence of the treatment at times determined by the court; the treating persons or institutions must notify the court that the treatment has been discontinued.[706]					nonpayment of fines) are carried out at the State Prison.[720] As such, political will towards ATIs may not be present, as overcrowding is not an issue. Linked to lack of overcrowding in prisons, 53 cases of SUDs were recorded in 2018, meaning that the problem is small in comparison to other countries, and alcohol is often cited to be the main problem drug.[721] Therefore, political will towards dealing with drug SUDs over alcohol issues could be problematic.

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The court of first instance revokes the postponement of the execution of the sentence and orders the execution of the postponed sentence if the treatment is not started or not continued, the convicted person does not provide the evidence required under paragraph 2, the treatment is obviously unsuccessful, or s/he is not committing a minor offense.[707] Alternative forms of punishment for certain cases exist, including monetary penalties and charitable work, particularly for juvenile offenders.[708] Austria incarcerates Liechtensteiner prisoners sentenced to more than two years' imprisonment.[709]					

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Possession of cannabis or cannabis resin is punishable by a fine of €251 - €2500 in the Correctional Court. Possession of other drugs (not cannabis) carries a possible prison sentence between 8 days – 6 months and/or a fine of €251-2500. Law of 19 February 1973 (as amended by the Law of 27 April 2001), art. 7A, B. Currently, the legal penalty can be doubled in case of recidivism within 5 years. Law of 19 February 1973, art. 12.[722] Laws also allow for prosecution case to be closed against those who completed drug treatment. Law of 19	National drug strategy did not specifically mention the development of ATI for persons with SUDS. The Inter-ministerial Commission on Drugs (ICD) coordinates the activities of different ministries involved in the drugs area. Both the ICD and the Ministry of Health are responsible for the implementation of national drugs strategies and action plans.[724] In 2007 the "Programme TOX" project became a routine program in national prisons. The program was designed to implement primary prevention measures and address illicit drug use and infectious diseases. TOX program is a voluntary participation, which aims to determine	In a 2011 report on youth attitudes to drugs in the EU, more than half of Luxembourg respondents (57%) chose information and prevention campaigns as one of the most effective ways of reducing drug problems; 43% preferred treatment and rehabilitation of SUD offenders. Tough measures against drug users were considered to be a valuable way of dealing with drug problems by a third of respondents (34%).[726]	Specialized drug treatment infrastructure in Luxembourg relies on government support and control.[727] Specialized outpatient treatment facilities provide treatment, through low- threshold agencies; hospital-based drug treatment units; and a therapeutic community. Treatment units are available in prisons. Treatment is decentralized and is mostly provided by state-accredited NGOs. Most of these specialized agencies have signed an agreement with the Ministry of Health that guarantees their funding.[728] Outpatient treatment is provided free of charge, inpatient treatment is	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td>X</td><td></td><td>Community Service Sentencing</td></tr><tr><td>X</td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td>X</td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td>X</td><td></td><td>Early Release, Parole, Pardon</td></tr></table> • Suspension of investigation • Suspended sentences with parole • Community sentence • Deferred sentence with probation	No major barriers identified. Luxembourg is at the forefront of both addressing drug possession/ use as a health issue and rarely using prison for drug possession. Political changes may affect future programs, but currently Luxembourg is encouraging de-criminalization with its own EU neighbors and uses a variety of ATIs including preventative and diversion treatment programs for persons with SUDs.

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February 1973, art. 23.[723]	realizable addiction objectives and empowerment of participants.[725] Such moves in drug policy have demonstrated a shift towards ATIs for SUD offenders.		covered by health insurance.[729]	• Conditional release • Day parole • Temporary leave and suspended custodial sentence • Voluntary Treatment for drug addiction withdrawing charges • Electronic monitoring[730] The public prosecutor can decide to close the case, give a written warning, propose a therapy order, order a fine via the police court, or further prosecute the case in court. The case may be de-criminalized and referred to the police courts, which can only impose a fine and therefore reduces the potential sentence on the SUD individual. In Luxembourg, a person with a substance use disorder is considered to be in need of help, meaning that simple use of drugs would rarely be referred to courts. The court may order a fine, community service, or suspension of the case with the condition to follow a treatment. Prison is possible but rare for SUD offenders.[731] Luxembourg has one prison-juveniles with facilities at Schrassig and Dreiborn and a	

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				semi-open rehabilitation center in Givenich. The Givenich Prison Center is designed for prisoners nearing the end of their sentences or for those with short prison terms. Work is required, either at the facility's workshops or outside the prison, for those who obtain employment contracts. These prisoners are allowed to leave the prison, go to their jobs, and return to the prison at night.[732] Treatment is also supported during this time.[733]	

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Drug Possession offenses: Offenders accused of a second personal possession offense of a drug other than cannabis within two years, or of crimes 'substantially attributed to drug dependence', may be referred to the Drug Offenders Rehabilitation Board for up to 18 months supervision. Under Dangerous Drugs Ordinance, where offender is 'in need of care and assistance for his rehabilitation from dependence', court may place them on probation [which might include a treatment order] instead of applying punishment. Drug Dependence (Treatment not Imprisonment) Act 2015, arts.5, 8. Dangerous Drugs	Maltese National Drugs Policy adopted in 2008 and is still currently in place.[736] Aims are to i) achieve a high level of health protection and social cohesion by preventing and reducing drug-related harm to health and society, ultimately promoting a culture that discourages the use of illicit drugs and ii) emphasize synergies between service providers and health professionals/ institutions to ensure a multidisciplinary approach to treatment provision.[737]	Attitudes towards drug use in Malta media, particularly towards that of Cannabis, show that the public is likely to support ATIs for SUDs and elements of legalization. In a 2011 report on Youth attitudes to drugs in the EU, half of Maltese respondents (55%) chose information and prevention campaigns as one of the most effective ways of reducing drug problems; 45% preferred treatment and rehabilitation of SUD offenders. Tough measures against drug users were considered to be a valuable way of dealing with drug problems by 28% of respondents.[738]	There are five main drug treatment providers in Malta: three are funded by the government and two are non-governmental organizations (NGOs) partially funded by the government.[739] These providers deliver different types of treatment, which are: (i) Specialized outpatient services. (ii) Low threshold services (iii) Inpatient treatment programs. (iv) Detoxification treatment. (v) Opioid substitution treatment (OST). NGO-based outpatient services offer long- or short-term support through social work, counselling, group therapy and psychological interventions, while low-threshold	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td>X</td><td></td><td>Drug court</td></tr><tr><td>X</td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension, or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing Probation/Supervision</td></tr><tr><td>X</td><td></td><td>Early Release, Parole, Pardon</td></tr></table> -Probation Orders -Community Service Orders -Combination order -Suspended sentence/ Suspended sentence supervision order -Drug treatment order -prison leave -Parole	Several ATIs are available in Malta, although diversionary efforts and post-criminal justice support looks to be less available. The Maltese government have focused to abstinence and prevention efforts, which together with a low threshold for drug offenses, has resulted in increased incarceration for drug offenses. As such judges need to have more discretionary powers towards the use of ATIs in drug offense cases, as mandatory offenses can limit the effectiveness of ATIs.[744] Second possession offenses within a 2-year period result in a Failure to comply with a drug order

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Ordinance, art. 22(8); Medical and Kindred Professions Ordinance, art.120A(6).[734] Under Dangerous Drugs Ordinance, where offender is 'in need of care and assistance for his rehabilitation from dependence', court may place them on probation [which might include a treatment order] instead of applying punishment. Offenders accused of crimes 'substantially attributed to drug dependence' may be referred to the Drug Offenders Rehabilitation Board. Dangerous Drugs Ordinance, (art. 6(f), art. 22(8)). Drug Dependence (Treatment not Imprisonment) Act 2015, art.8. Second possession offenses within a 2-year period result in a Failure to comply with a drug order which may be punished by a fine or			programs offer day-care services. Five inpatient units are available in Malta, three are therapeutic communities. Residential programs provide a holistic, multidisciplinary approach to therapy in a communal living environment, and aim to towards abstinence. One program offers inpatient detoxification.[740] Most prisoners undergoing drug treatment in prison receive opioid substitution treatment (OST). OST is initiated at a hospital and the inmates are transferred back to prison once they are stable.[741] There is facility to transfer inmates to selected drug rehabilitation units. Drug treatment agencies offer counselling and support	In the case of an offender who commits a limited number of offenses as a result of drug dependence, the Court may assume the function of a Drug Court and refer the offender to the Drug Offenders Rehabilitation Board.[743]	which may be punished by a fine or three months in prison,[745] thereby limiting the effectiveness for recidivist users in treatment over a longer term. Prisons also do not provide a continuity of care for SUDs,[746] meaning that SUD relies on outpatient services after release.

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three months in prison.[735]			services to inmates inside the prison, including assistance with social reintegration, however activities undertaken to prepare inmates for release do not extend beyond prison.[742]		

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Law No. 890 1 July 1970 of the Narcotics Article 5, cites punishment of six months to three years and a fine in paragraph 2 (Article 26 of Penal code) for unlawful use/ possession of drugs.[747] The law cites that person who has not reached the age of criminal responsibility but is charged with drug possession/use, can be referral to medical examination, with a view to treatment over a prescribed period. The sentence is suspended during treatment.[748]	No known drug policy for ATIs. National drug policy and ATIs are restricted to the judiciary's discretion around fines/suspended sentences only. The Constitution establishes the principle of 'delegated justice' which means the Prince holds judicial power and He delegates full exercise of these powers to the Courts that dispense justice in His name.[749]	Although drug use does appear to be a part of the social scene in Monaco,[750] there does not appear to be any official support for alternatives to prison apart from the use of conventional fines or suspended sentences. It should be noted that Monaco's population is approximately 37,000 and therefore this may also have an impact on the provision of official ATIs and their impact on the public opinion.	Private drug treatment exists in Monaco. The prison service has a social worker and the ability to use service providers to carry out specialized services for health.[751] Drug treatment is not specifically cited as part of the prison service remit and there are no known drug treatment programs in operation within the prison service. No known government drug treatment programs, although treatment referral is possible for minors[752] and there is a social worker and doctor within the prison service.[753]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td>X</td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> • Fines • Suspended sentences • Treatment orders (minors)	Monaco has a very small population, as such drug consumption is not as prevalent. There are stricter laws around possession and drug use, which means that the judiciary has the facility to use fines or suspended sentences, but this would depend on if the case is the first offence and other mitigating circumstances. There are no known alternative treatments for Monaco connected to the criminal justice system, apart from those for minors, as detailed in the criminal codes, with the principality preferring preventative education and

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					repressive measures to reduce drug use. It should be noted that the prison is considered to be of a good standard and conditions may allow for treatment that is not defined in official publications.

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Drug Use: Use of drugs is not mentioned as an offence.[754] Drug possession is punishable by up to one year prison for drugs included in List I ("unacceptable risk") or up to 1 month prison for drugs included in List II ("other drugs"). However, according to prosecutor guidelines, possession of cannabis products up to 5 grams will incur a police dismissal. Possession offence remains not prosecuted if it refers to possession for personal use of cannabis products up to 30 grams. Opium Act, arts. 2C, 3C, 10(5), Opium Acts Directive, section 'Investigation and prosecution', p. 4.[755]	National drug strategy outlined in a number of policy documents, including the Opium Act Directive; a white paper 'Drug Policy: Continuity and Change' (1995); 'A combined effort to combat ecstasy' (2001); 'Cannabis Policy document' (2004).[756] The responsibility for this is shared among the Ministries of Health, Welfare and Sport, Ministry of Security and Justice, and Ministry of Foreign Affairs.[757] In 2004, the Placement in an Institution for Habitual Offenders Act came into effect. It incorporated the Penal Care Facility for Addicts Act, which was adopted in 2001. The Act provided that persons with SUDs with a history of crime or habitual offending could be sent to a	Public opinion in Netherlands is generally supportive of ATIs, although there can be support for more punitive measures, but in general SUDs are seen as a health problem and therefore ATIs can be adjusted to incorporate these factors. In a 2011 report on youth attitudes to drugs in the EU, half of the Dutch respondents (50%) chose information and prevention campaigns as one of the most effective ways of reducing drug problems; 27% preferred treatment and rehabilitation of SUD offenders. Tough measures against drug users were considered to be a valuable way of dealing with drug	Specialist NGO prisons are mainly used for juvenile and psychiatric support.[762] For the Netherlands, in (mental) health care, "education and social services in particular, nonprofit delivery is dominant (Burger & Dekker, 2001)."[763] Drug prevention programs are active in schools. In schools, information officers provide information about drug use; social workers identify young people who are using drugs and provide rapid assistance.[764] Drug Treatment care is available for drug users who become addicted. This may take various forms: -Counselling and treatment at an institution.	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td>X</td><td></td><td>Community Service Sentencing</td></tr><tr><td>X</td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td>X</td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> In cases of possession of a limited quantity of 'hard drugs' (List I) for personal use, (i.e., a single ball, foil, pill or 0.2 gram dosage) lower sentences are imposed. The priority is offering the SUD offender help, by	ATIs are active in the Netherlands, following a short period where punitive means were used. Currently there is good support for ATIs in the Netherlands. Political changes can lead to more regressive, punitive drug policies in Netherlands, although low prison populations and crime rates will support the use of ATIs in the Netherlands.

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	special institution for intensive treatment for a period of up to two years. The SUD offender's detention is suspended on the condition that he or she undergoes treatment in such an institution.[758] Since 2005 there has been a shift back to less punitive methods to dealing with SUDs, following a brief period in the 1990s where prison use and a more quantitative analytical view of recidivism was used.[759] The 'drug problem' was seen as a public health and social issue and became the primary responsibility of the Ministry of Health. The Ministry of Justice did not dispute the MoH's policy prerogative, as law enforcement was seen as in dealing with drug use and addiction.[760]	problems by a third of respondents (34%). It should be noted that out of the 27 countries in this survey, the Netherlands youth were more supportive towards regulation of Heroin, Cocaine, Ecstasy, and Cannabis (10%, 12%, 18%, and 52% respectively).[761]	-Admission to an institution. Treatment at an institution may include: Assistance with addition or Regulating consumption[765] Prevention efforts -Inpatient Crisis intervention. -Inpatient detoxification and physical treatment (in clinics). -Inpatient psychiatric care. -Needle exchange programs -Providing severely addicted persons with methadone or heroin -Providing special rooms for users.[766] Most NGOs offered abstinence-based treatment, such as in- or out-patient detoxification/ in-patient clinics programs/ therapeutic communities. Other NGOs and municipal services focused on providing health care,	making a contact with a drug clinic.[769] Suspended sentences as alternative to short term imprisonment.[770] Fines Community Sentences Sending repeat SUD offenders to treatment institutes (max 2 years).[771] Home detention/ tagging is an option[772] although considerations need to be made for SUDs who may find difficulty complying with the rules to Electronic Monitoring.[773]	

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			social support, income and housing.[767] Gevangenenzorg Nederland (Prison Care Netherlands) runs a program that invites future employers into prison to meet inmates. In preparation for release, inmates participating in the organization's Compagnie (Company) project are allowed to work outside prison, often doing more-meaningful work than the repetitive labor programs inside.[768]		

Norway

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</table>
Laws in Norway allow for ATIs for SUDs.[774] Under the Norwegian Criminal Code, section 37, the court may pass a suspended sentence on the condition that the offender attend treatment and rehabilitation programs under the control of the court.[775] Voluntary treatment functions as an ATI under the Act on Sentence Execution § 12.[776]
</td>
<td>In February 2021, the Norwegian government submitted a proposal to the Parliament to formally change national drug control policy. This proposal would, if passed, remove criminal punishment for drug offenses. Instead, offenders would be required to attend mandatory counselling. This new strategy seeks to “replace punishment with help.”[777]</td>
<td>Public opinion supports SUDs treatments.[778]</td>
<td>The Ministry of Health and Care services oversees drug treatment in Norway.[779] Drug treatment professionals in Norway include social workers, general practitioners, and addiction counselors.[780]

If the proposal to amend Norway’s drug control policy passes, healthcare workers and services would play a larger role in drug treatment.[781]</td>
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</table>
Drug courts in Norway are an ATI designed for those with SUDs and who have committed offenses related to their SUD.[782]
</td>
<td>ATIs for SUDs are well-developed and well-funded in Norway. The government, healthcare professionals, and the public support the development of more ATIs for persons with SUDs. No major barriers found.</td>
</tr>
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				Non-custodial treatment programs are another ATI option for persons with SUDs.[783] Electronic monitoring in Norway is specifically mentioned as an alternative to incarceration and not as part of parole or probation measures.[784]	

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Use of drugs is an administrative offence and may be punished with administrative measures (no detention), a fine or non-pecuniary sanction for non-addicted users, or non-pecuniary sanction for addicted users. Law 30/2000; art. 2, art. 15.[785] Possession of a limited quantity of drugs for personal use (up to 10 days of average individual consumption, as defined in art. 2(2) of Law 30/2000) is an administrative offence, punished by administrative measures (no detention). It may be punished with a fine (only for non-addicted users), or non-pecuniary sanctions. However, if	Yes- Portuguese drug policy is detailed in three documents: the National Strategy for the Fight Against Drugs 1999; the National Plan for the Reduction of Addictive Behaviors and Dependencies 2013-20; and Portugal's Action Plan Horizon 2020.[788] In 2001 Portugal decriminalized drug use, facilitated by its constitution, and enshrined this in law 30/2000.[789] The government moved the responsibility for decreasing drug demand under its Ministry of Health.[790]	General support is shown through political support in Portugal of the government that instituted the shift to decriminalization of drugs and a treatment-centered approach in 2001. In a 2011 report on Youth attitudes to drugs in the EU, half of respondents (49%) chose information and prevention campaigns as one of the most effective ways of reducing drug problems; 37% preferred treatment and rehabilitation of SUD offenders. Tough measures against drug users were considered to be a valuable way of dealing with drug problems by a third of respondents.[791]	Healthcare for drug users is provided by the "Referral Network for Addictive Behaviors and Dependencies."[793] This is under the authority of the regional health administrations of the Ministry of Health, non-governmental organizations and other public or private treatment service providers. The public services are provided free of charge and are accessible to all people who use drugs and who seek treatment.[794] The network incorporates three levels of care: (i) primary healthcare services (ii) specialized care, mainly in outpatient settings (iii) differentiated care, mainly in inpatient settings	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td>X</td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td>X</td><td></td><td>Pretrial Services Programs</td></tr><tr><td>X</td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Drug Addiction Dissuasion Committees[798] are administrative authorities consisting of three people: the chair, a lawyer and a physician/psychologist/ sociologist/social rehabilitation technician. The committee can offer the following ATIs:	No significant barrier to ATIs noted, although economic downturns may mean that drug use increases and places an untenable load on the resources.[806] Further, it has been noted that imprisonment rates are increasing since 2008,[807] so the decriminalization of drugs is only partially successful when dealing with prison overcrowding.

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the quantity of drugs exceeds the threshold quantity of 10 daily doses, it is considered a crime, and punished by up to one year in prison or 120 day-fines. Law 30/2000, art. 2, art. 15. Decree-Law 15/93.[786] Maximum amounts of drugs are set in grams: these amounts are estimates of the average required for 10 days' personal consumption. A person caught using or possessing less than the maximum amount of a drug for personal use, where there is no suspicion of involvement in drug trafficking, will be evaluated by the local Commission for Dissuasion of Drug Addiction. Punitive sanctions can be applied, but the main objectives are to explore the need for treatment and to promote healthy recovery.[787]		Youth attitudes towards treatment and rehabilitation of SUDs in Portugal showed 40% thought it was beneficial, with only 25% supporting tough measures against persons with SUDs[792].	(e.g. detoxification units, therapeutic communities, day centers and/or specialized mental or somatic health care).[795] Prison healthcare is managed by health services under the responsibility of the Ministry of Justice in partnership with the National Health Service. Programs are oriented towards abstinence (drug-free wings and prison "exit units") and medication-assisted treatment programs.[796] Needle exchange programs are also used.[797]	(1) Temporary suspension of administrative proceedings (suspensão provisória do processo)[799] (2) Suspension of the determination of the sanction (suspensão da determinação da sanção)[800] (3) Suspension of the enforcement of the sanction (suspensão da execução da sanção)[801] (4) Warning notice (admoestação).[802] Administrative measures that can be used for the offense of drug use are dependent on if the SUD is confirmed as a person with a SUD or not:[803] -fine or non-pecuniary sanction (SUDs not confirmed as 'addict users') -non-pecuniary sanctions (SUDs confirmed as 'addict users') Drug possession offences are dependent on addiction, and if offender is confirmed as an "addict" then non-pecuniary sanction is given. If drugs quantity exceeds 10 daily doses, then this is considered a crime and punished by prison/ fine.[804] -Other non-pecuniary sanctions[805]	

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Law No. 32 of 7 March 1988 Article 3: Regarding punishments for offenses involving narcotic substances, the judge shall take into account the gravity of the offense, the personality of the offender, the general and particular aggravating or mitigating circumstances.[808]

Article 4 of the above law also allows a reduction (by one degree) of offense if drug offences are of a minor nature and drugs are for personal use.[809]
</td>
<td>No formal drug strategy plan detailed.</td>
<td>There are media articles showing support towards a drug action plan with a balanced approach between prevention and treatment for persons with SUDs. These articles also cite putting the person with SUD at the heart of treatment, rather than through a more punitive process.[810]</td>
<td>National Commission for rehabilitation exists, which designates a 'tutor' for SUDs to be advised for reintegration into society and work.[811]</td>
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</table>

*Known ATIs (not limited to solely SUD offenders)[812]:
-Work release
-House arrest/home detention
SUD offenses: Reduction of sentence if drug offences are minor nature/ personal use.
</td>
<td>There is limited data on ATIs for San Marino.

The prison population may be too small for any political need to look at ATIs (such as prison overcrowding). The prison only holds 8 persons and on average only has 2 persons per year.[813] There are examples in the media that show that prisoners are seen with a restorative approach by the community as well as the San Marino government, and this may reflect when dealing with SUD offenders.</td>
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Drug Use: Illicit consumption of drugs in public places, streets, establishments, or conveyances is a serious infraction of public safety (not a crime), punished with an administrative penalty (fine) of between EUR 601 and 30,000. Organic Law 4/2015 on the Protection of Citizens' Security 4/15, art. 36 (16).[814]
Illicit drug possession for personal consumption in public spaces (streets, establishments or conveyances), provided no other criminal offence is involved (i.e., not for purpose of trafficking), is a serious infraction of public safety but is an administrative offence,
</td>
<td>Spanish National Strategy on Addictions for 2017-24 addresses illicit drugs, new psychoactive substances, the licit trade in alcohol, tobacco and medicines with addictive potential, and behavioral addiction.[817] It specifically mentions maintaining alternative measures to prison in patients with addiction problems.[818]

There is evidence that each region of Spain exercises their powers to pursue harm reduction drug policies rather than prohibitionist approaches.[819]

There are 17 autonomous communities and two autonomous cities, that are guided by the National Strategy on Addictions. Each community is entitled</td>
<td>No data for opinion polls on ATIs for adults.

In a 2011 report on youth attitudes to drugs in the EU, more than half of Spanish respondents (56%) chose information and prevention campaigns as one of the most effective ways of reducing drug problems; 35% preferred treatment and rehabilitation of SUD offenders. Tough measures against drug users were considered to be a valuable way of dealing with drug problems by only 28% of respondents.[821]</td>
<td>The public sector is the primary provider of treatment, followed by non-governmental organizations and private organizations. Drug treatment is mostly funded by the public budget of the central government, autonomous communities, and cities and by some municipalities, usually the big cities.

A specific drug dependence care network is widely distributed throughout the country. Therapeutic provision comprises outpatient and inpatient treatment networks.[822]</td>
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-Fines (fine punishment may be suspended if the offender is between 14 and 18 years old and submits to a treatment program if needed)[823]

Special sentence suspension for drug users[824]
</td>
<td>ATIs are in effect in Spain. No major barriers.</td>
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which is punished with a fine between 601€ and 30,000. Organic Law 4/2015 on the Protection of Citizens' Security art. 36 (16).[815] Recidivism (two or more offenses) is dealt with by fines, but always under 30,000€. There is a flexibility for judges to apply ATIs.[816]	to organize and deliver health interventions. Some have integrated treatment for SUDs within primary care units or mental health services, and others have a separate treatment network that retains a connection with the general healthcare system.[820]			Surveillance in community with Drug treatment[825] Detention in drug treatment center[826] Residential treatment in drug center[827] Pre-trial detention can be replaced with detention in a drug treatment center if the pre-trial detention will disrupt ongoing drug treatment for SUD.[828] Work release and open prison programs.[829] Article 80(5) of the Criminal Code establishes a discretionary and specific suspension for those cases where the offender has SUD, but only custodial sentences not exceeding five years may be suspended. The offender is required to be detoxified or undergoing detoxification treatment. This must be certified by a public or private center. Ongoing treatments must be completed in full.[830]	

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Use and possession of drugs is prohibited and punished by up to three years imprisonment. If the type of drug, quantity and other circumstances are minor, it is punished by a fine or imprisonment up to 6 months. Act on Penal Law on Narcotics (1968:64), s. 1 (6), s. 2.[831] Sweden has replaced short prison sentences with probationary sanctions for many minor offenses such as thefts and drug crimes.[832]	Yes. Treatment-related objectives of the Comprehensive Strategy for Alcohol, Narcotics, Doping and Tobacco 2016-20 place an emphasis on enhancing the access and quality of care based on a client-centered approach. The Swedish Prison and Probation Service provides healthcare in prison. The Health and Social Care Inspectorate is responsible for the supervision of prison healthcare services, and relevant guidelines are issued by the National Board of Health and Welfare.[833] National Strategy Plan for 2021 could not be found at this time.	The prison system in Sweden is viewed as rehabilitative rather than punitive, as such ATIs such as electronic monitoring, open prisons, etc. are accepted by Sweden's public.[834]	The treatment-related objectives of the Comprehensive Strategy for Alcohol, Narcotics, Doping and Tobacco 2016-20 place an emphasis on enhancing the access and quality of care based on a client-centered approach.[835] Drug treatment for SUDs is organized by social services in local communities (specialized outpatient clinics), hospitals (providing detoxification) and residential treatment facilities.[836] Compulsory treatment (for up to a maximum of six months) is possible in Sweden, which is provided by the National Board of Institutional Care.[837] County councils are responsible for the provision of	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td>X</td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td>X</td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td>X</td><td></td><td>Early Release, Parole, Pardon</td></tr></table> -Probation with a special order about treatment.[840] -Probation with a special treatment plan (contract care).[841] -Intensive supervision with electronic monitoring.[842] -Special preparatory release measures (including activity	One possible barrier to expanding ATIs for person with SUDs is that some municipalities denied all forms of treatment to prisoners, due to a lack of resources for non-criminals, in spite of the fact that the Swedish Prisons and Probation Service financed the treatment.[846] Prison in Sweden is less punitive, with an emphasis on rehabilitation and societal reintegration. Therefore, alternatives to prison may not be seen as a viable alternative, to the educative, rehabilitative prison system already present within the Swedish system.[847]

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			detoxification facilities and Opioid Substitution Treatment (OST) and treatment of associated psychological problems. Municipalities have overall responsibility for long-term rehabilitation through social services, for example in so-called 'homes for care and living' or 'family homes.' Many of these 'homes' are privately operated.[838] Treatment of SUDs in prison and during probation is through the same medical treatment as non-criminals in Sweden. Prisoners with SUDs are offered drug treatment programs; these are mainly abstinence-oriented and based on cognitive-behavioral interventions and 12-step programs.[839]	release, extended activity release and stay in halfway house.[843] -Stay in care.[844] Electronic monitoring is advanced- to the point that locations within prisons are used to monitor offenders. This means that the electronic monitoring has enabled the tracking of persons to places of work before they return to open prisons at night.[845]	

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Only use of prepared opium is explicitly prohibited and punished by up to six months imprisonment (summary conviction); up to 14 years imprisonment (conviction on indictment). Misuse of Drugs Act 1971, s.9, Sch 4.[848] (Narcotics Act, s. 19): offenders are liable to imprisonment or a fine depending on the seriousness of the act committed. The intentional consumption of narcotics or the commission of a section 19 offence for personal use is punishable by detention or a fine (Narcotics Act, s. 19a). For petty offences, the appropriate authority may stay the	The Swiss Federal Commission for Drugs Issues for Switzerland adopted a four-pillar approach in 1994, in which the State primarily concentrated on following the initiatives taken by locally established community programs[851] in response to rising HIV and an open needle injection drug problem in the country. The Four pillars of the Swiss law are harm reduction, treatment, prevention and repression (or law enforcement).[852] Police now prosecute fewer opioid related cases, with a drop from 20,000 prosecutions in 1993, to 5,000 annually in 2019. Criminal justice focus has shifted to drug dealers and away from drug users.[853] Under Switzerland's national drugs policy,	Efforts to involve, inform, and mobilize civil society ultimately led a majority of the Swiss population—known for being conservative and resistant to change—to support considerable investments and changes in drug policy.[855] 70% of the Swiss population supported the drug treatment four pillars policy in a 1997 referendum.[856] City administrators in Zurich set up regular meetings to be able to explain and support the national drug program's aims. This meant public support was positively influenced towards the change in drug policy and use of ATIs in the 1990's.[857]	Re-integration programs and treatment supported by the Federal Government through the cantons.[858] National drug treatment centers and drug use rooms.[859] For SUDs who have failed in using Medically Assisted Treatment (MAT), they are referred to Heroin Assisted Treatment (HAT), which is not a take home option and can occur in outpatient conditions as well as a treatment option for SUD offenders using Heroin inside prisons, delivered by prison health staff.[860] Both MAT and HAT can be started and/or continued in jail/ prison.[861]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td>X</td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td>X</td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> -Court ordered Treatment[862] -Fines[863] -Waiver or reprimands for consumption of narcotics[864]	Switzerland changed its approach to drug use due to problems of open and prolific drug use in the 1990s. Since this time, its fourfold approach has meant that Switzerland keeps strict regulation of addiction-causing substances.[865] This regulation also aims to prevent substance use, but then once SUD is confirmed, there are Harm Reduction and Therapeutic options to the SUD offenders. Political changes could adversely affect the current situation in Switzerland, although there are good examples of the current system working for SUD offenders.

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proceedings or waive punishment and may issue a reprimand (Narcotics Act, s. 19a(2)). However, preparing narcotics for personal use or for shared use with others at no charge is not punishable where the quantities involved are minimal (Narcotics Act, s. 19b)[849]. The Swiss system is geared towards a government dominated system for heroin treatment, with the government dominating supply and effectively controlling the Heroin market. As such, treatment for heroin addiction is seen as the priority, and the result has been a decline in heroin use and illicit heroin dealers.[850]	the police and criminal justice system balance the need to enforce drug laws to stop young people from using drugs, but then work with addiction specialists to ensure existing drug users are not further marginalized through repressive measures.[854]				

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Drug Use: Only use of prepared opium is explicitly prohibited and punished by up to six months imprisonment (summary conviction); up to 14 years imprisonment (conviction on indictment). Misuse of Drugs Act 1971, s.9, Sch 4.[866] Possession of drugs is a criminal offence. Punishment is linked to the class of drugs involved (A, B, C, with A being the most harmful), and whether sentencing is at the Magistrate's Court level (summary offences limited to 6months prison and/or a fine) or in a Crown Court (following charge with possession offences).	UK 2017 Drug Strategy addresses illicit drug problems with two overarching aims: to reduce illicit and other harmful drug use and to increase the rates of people recovering from dependency.[869] National drug strategy does mention the use of treatment as part of community services or suspended sentences. The Drug Rehabilitation Requirement can be used by courts and protocols for drug rehabilitation, that aims to improve access to treatment available to the courts. Strategy also mentions expanding pilots for drug courts.[870]	In a poll from 2019, 70% of people in Great Britain (UK excluding Northern Ireland), found that 70% of respondents thought that court sentences for all offences were too lenient.[871] A 2019 Conservative drug policy reform paper found 53% of respondents thought drug use should be seen as a health issue and 76% thought that the threat of punishment was not effective to deter drug use.[872] Attitudes were also seen to be changing around cannabis and cannabis use for medicinal and personal purposes.[873]	Treatment for persons with SUDs are overseen by the National Health Service (NHS), which has an NHS Addiction Providers Alliance[874] that is responsible for the coordination of treatment in the 5 remaining NH Detox Units in England.[875] NHS also works with SUDs in the community, using mobile units that provide needle exchange and other medical support to the drug user communities (NHS Inclusion.)[876] Non-government support exists around housing for SUDs that also offer women only support (The Nelson Trust.)[877] The Changing Lives[878] charity also offers housing support. Responsibility for healthcare provision in	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td>X</td><td>Drug Court</td></tr><tr><td>X</td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td>X</td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> • Drug Intervention Programs as alternatives to punishment (Criminal Justice and Court Services Act 2000, Criminal Justice Act 2003).[884] • Cannabis/ Khat warning (in a police caution that is a criminal	Significant political resistance towards offering ATIs, as evidenced by a turn towards more punitive methods for person with SUDs, following a short period of attempting to offer ATIs and support for SUD offences.[889] This (and lack of funding) is also evidenced by the failure of drug courts in the UK. Information and research to support ATIs in the UK is also required. A report from the Advisory Council on the Misuse of Drugs (2016) recommended funding independent research for gaps in the evidence base on both the causes and the prevention of opioid-related deaths.[890]

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Class A drugs: up to six months and/or a fine (summary); up to seven years and/or a fine (Crown Court); Class B: up to three months and/or a fine (summary); up to five years and/or a fine (Crown Court); Class C: up to three months and/or a fine (summary); up to two years and/or a fine (Crown Court).[867] Police guidelines specify giving a warning for a first non-problematic personal possession of cannabis, increasing to a fine and then arrest on second and third occasions. (Misuse of Drugs Act 1971, s. 5, schedule IV; ACPO Guidance on Cannabis Possession for Personal Use, 2009).[868]			prisons lies with the health services, although the substance misuse treatment policy, delivery and provision include the health authorities, prison and probation services.[879] Prisoners have access to treatment services for SUDs, including detoxification, opioid substitution treatment, structured psychosocial interventions, case management and structured counselling.[880] In 2017, introduction of a new national partnership agreement for prison healthcare, the creation of a drugs taskforce[881] which findings around ways to tackle drug use are due in 2021.[882] Scotland has a similar taskforce aimed at reducing drug deaths, which cites one of its aims as "making recommendations for	record for 3 years that then falls off the offender's record) • Conditional Cautions (conditions are set and if these are maintained, then a police caution is given) • Arrest referral/ liaison and diversion (this can occur at the police station and is offered as part of the arrestee booking in procedures). • Youth referral for "out of court" disposal orders, where youth offenders attend a Youth Offending Service (YOS) to provide substance use interventions, mental health support, education, and training[885]. • Drug Rehabilitation Requirement (England and Wales). • Drug Treatment and Testing Order (Scotland). • Launch of a pilot project (2017) for a 'drug recovery prison', which aims to create a whole-prison approach to tackling the supply of drugs into prison[886]. • Drug courts at pilot stage (as of 2017)[887] Diversion programs for SUDs within the criminal justice system exist/ are being developed in 8 of the 40 UK police forces in the UK, with	Resources for treatment are also underfunded[891] and not centrally coordinated, meaning that there is a patchwork of support for SUD offenders. ATIs are therefore also affected, as alternatives cannot be offered across the UK as one standard service. Research has also suggested that BAME young people are more likely to receive a custodial sentence for drug offences,[892] which means ATIs need to consider BAME and ethnic issues to maintain consistent application of ATIs across cultural boundaries.

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			changes in current health and social care practice and on how a public health approach to drugs might be more fully realized across all relevant services and in the justice system,"[883]	early data from Thames Valley Police reporting an 80% success rate in 2019.[888]	

Analysis
Team 3: Western Europe
Matthew Jobson and Meera C. Martin

Introduction

Western Europe[6] presents a host of possibilities for alternatives to incarceration (ATIs) for those with substance use disorders (SUDs). Throughout the region, countries are using and considering ATIs, legislative changes are reflecting changing attitudes toward those with SUDs and the idea that the population is better served under the principle of treatment over punishment. Below we highlight overall trends in Western Europe.

Legal Framework Summary for the Region

Laws in Western Europe tend to provide for ATIs for persons with SUDs. Examples of countries that allow for ATIs in their legal frameworks include Belgium, Italy, Norway, Portugal, and the United Kingdom. In some countries, offenders must meet certain criteria to qualify for ATIs, for example:

- In Cyprus, those with SUDs can apply for treatment as an ATI
- In Germany, alternatives may be used if the quantity of drugs a person is caught with falls below a certain threshold

Though laws do provide for ATIs for persons with SUDs, many legal frameworks still retain punitive measures towards drug offenses. Interestingly, Iceland does not currently have a legal framework providing for ATIs for persons with SUDs. However, this may soon change. In January 2021, the Ministry of Health announced plans to introduce decriminalization legislation, citing changing attitudes in Iceland and views that persons with SUDs should be treated, not punished.

Drug Control Strategy, Political Will, Public Opinion

Drug control strategies throughout the region, while still combatting drug problems, are largely geared toward treatment over punishment, and generally support ATIs for persons with SUDs. Additionally, several countries are incorporating harm reduction into their drug control strategies. Public opinion regarding ATIs for persons with SUDs varies throughout the region. Some countries such as Sweden see the criminal justice system as a tool for reintegration, whereas other countries, such as Germany, see the criminal justice system as a means of punishment.

[6] Countries in Western Europe for the purpose of this report are Andorra, Austria, Belgium, Cyprus, Denmark/Greenland, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, Portugal, San Marino, Spain, Sweden, Switzerland, and United Kingdom.

Other examples include:

- Greece, where negative public opinion and strong stigma against persons with SUDs persists
- Luxembourg, where there is strong support towards legalization both within its own state and for its European neighbors.
- Switzerland and Netherlands, which both have controlled drug use, managed by the authorities, but with strong drug laws for those who commit drug offences outside of these controlled environments.

Drug Treatment Community

The drug treatment community in the region is developed. In larger Western European countries, more than one ATI is commonly observed. NGO and Government activities tend to co-exist. Smaller countries are not seen to have specific ATIs for persons with SUDs, potentially due to limited available resources and funding, and fewer issues with prison overcrowding requiring ATIs for persons with SUDs. Prevention and pre-criminal justice diversionary efforts such as harm reduction measures, whilst beyond the scope of this research, also contribute towards drug treatment options while falling outside of the category of ATI. For example, Switzerland has used injection rooms coupled with legislative changes to address open heroin use since the 1990s.

Western Europe has a diverse and broad range of ATIs that are in effect, as well as significant diversionary efforts. Examples include:

- Portugal: drug panel; temporary suspension of administrative proceedings; suspension of the determination of the sanction; suspension of the enforcement of the sanction; warning notices
- Italy: referrals to treatment; probation to social services (maximum 3–4-year offences); probation to therapeutic community (sentences to 4 years); house arrest- pre- and post-trial, for home or treatment center; home detention for offences up to 2 years
- United Kingdom: drug court pilot; conditional cautions (3-year warnings); youth referral for “out of court” disposal orders

ATIs in operation or under consideration for persons with SUDs

Many countries are embracing and developing ATIs for persons with SUDs, but barriers to the development, implementation, and use of ATIs still exist. For example:

- Legislative barriers bar repeat offenders from accessing treatment, as in some legal codes, treatment is only offered to first-time or non-chronic offenders
- There is a lack of research and data into the use of ATIs for persons with SUDs. Increased research supporting the use of ATIs would allow for Western European states to consider alternatives using verifiable data to support pilot programs and policy changes
- Judges are reluctant and resistant to use ATIs, such as in Greece and Ireland
- Resources for treatment are lacking. For example, in the United Kingdom, funding has been cut as recently as 2019, in Cyprus, key treatment personnel such as social workers have been removed from treatment centers and hospitals

- Size of the prison population with SUDs coupled with any prison overcrowding problem. For example, smaller countries such as Andorra, San Marino, and Liechtenstein all have very small prison populations, such that prison overcrowding coupled with a high population of persons with SUDs in prisons has not reached any critical level for ATIs to be required

Conclusion

As outlined above, Western Europe has a broad and diverse range of ATIs for persons with SUDs. There are significant efforts towards pre-arrest and pre-criminal justice diversion in some areas within the region. Legislative changes have occurred within some countries, with a view towards decriminalization of drug offences and consideration of treatment coupled with ATIs for persons with SUDs. The region benefits from European Members sharing information around ATIs and legislative successes, although more research around ATIs is needed to provide supportive data to criminal justice policy makers and government key decision makers.

Eastern Europe

Regional Maps

Figure 1. Do laws allow for ATI for SUDs?

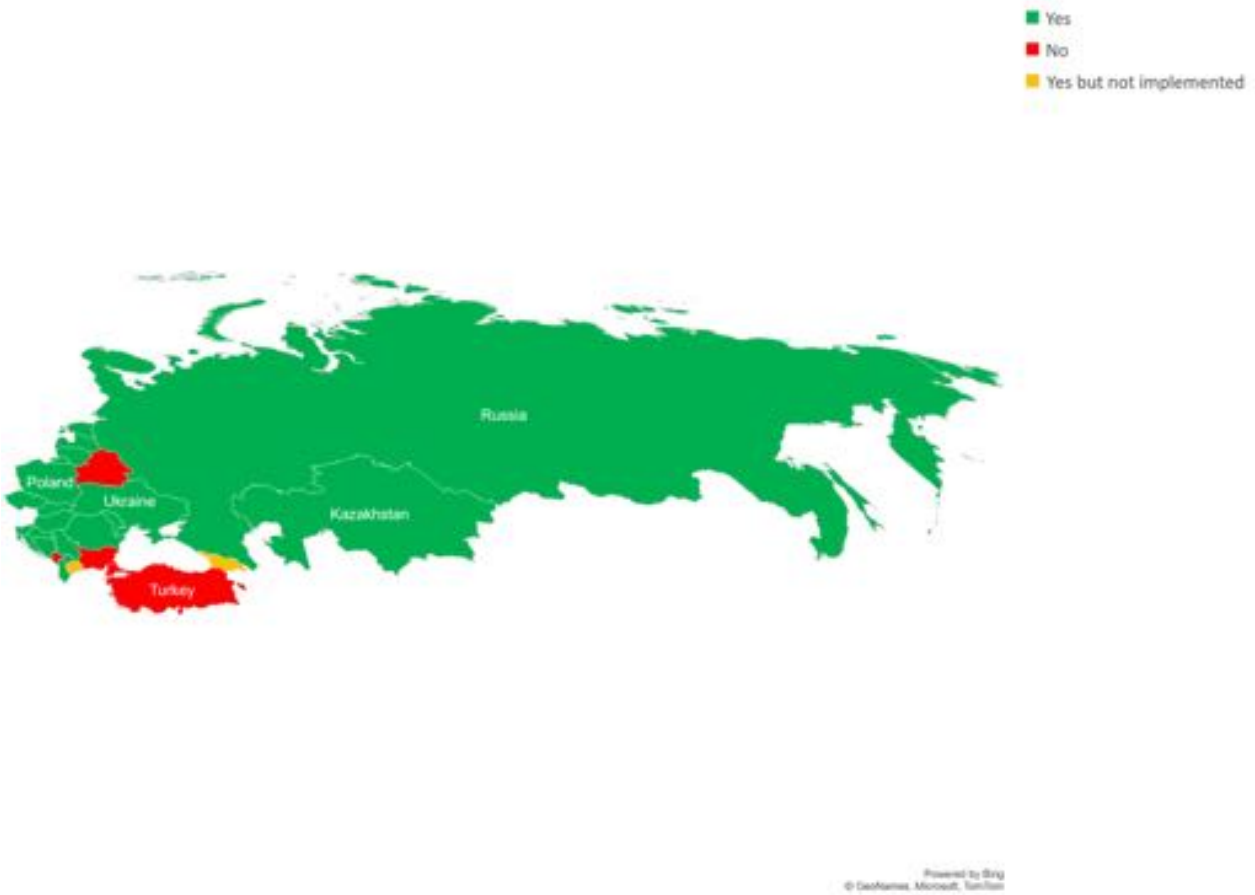


Figure 2. Does national drug control strategy allow for development of ATI for SUDs?

Figure 3. Does public opinion support ATI for SUDs?

Figure 4. What is the nature of the professional drug treatment community?

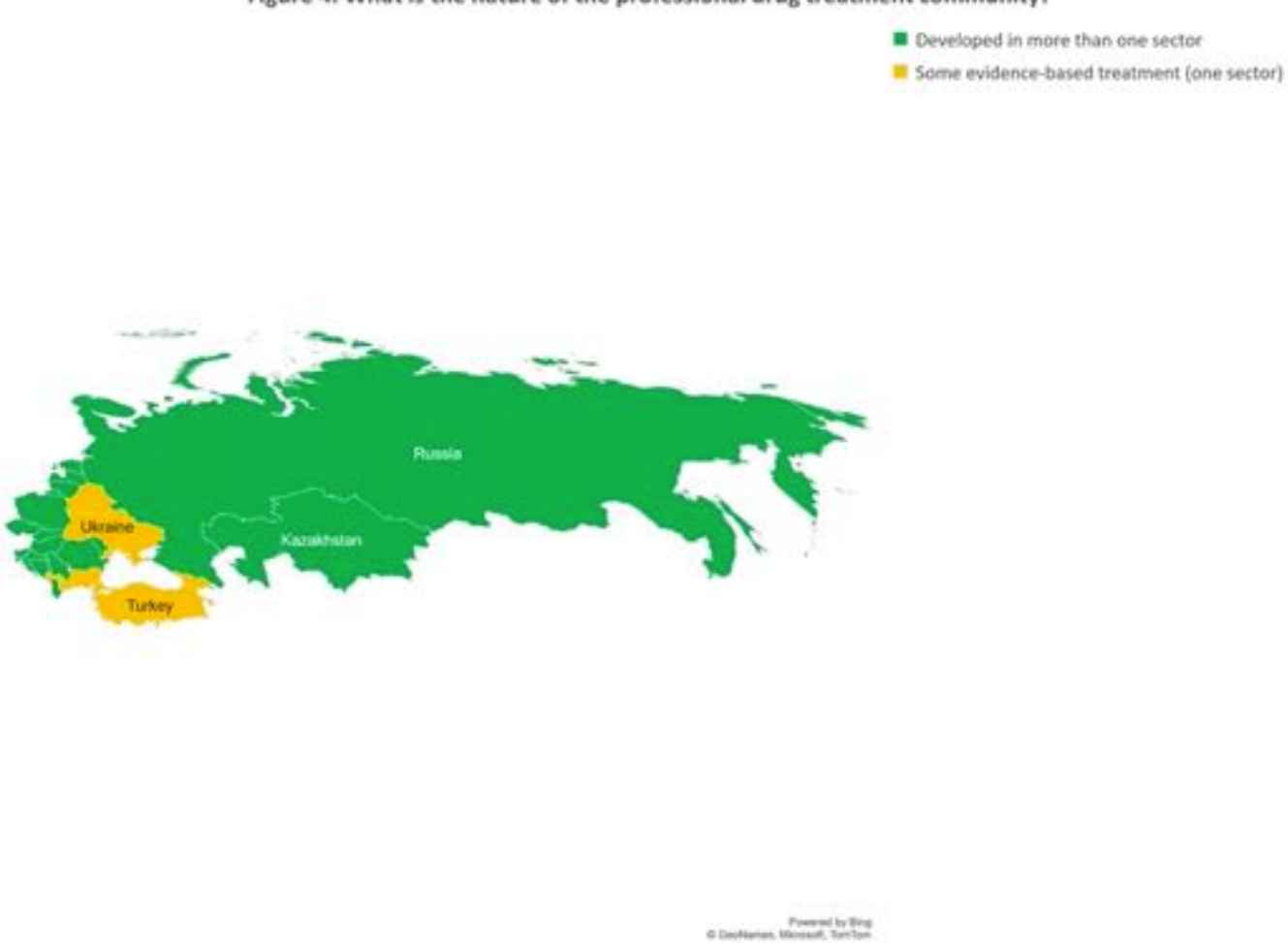
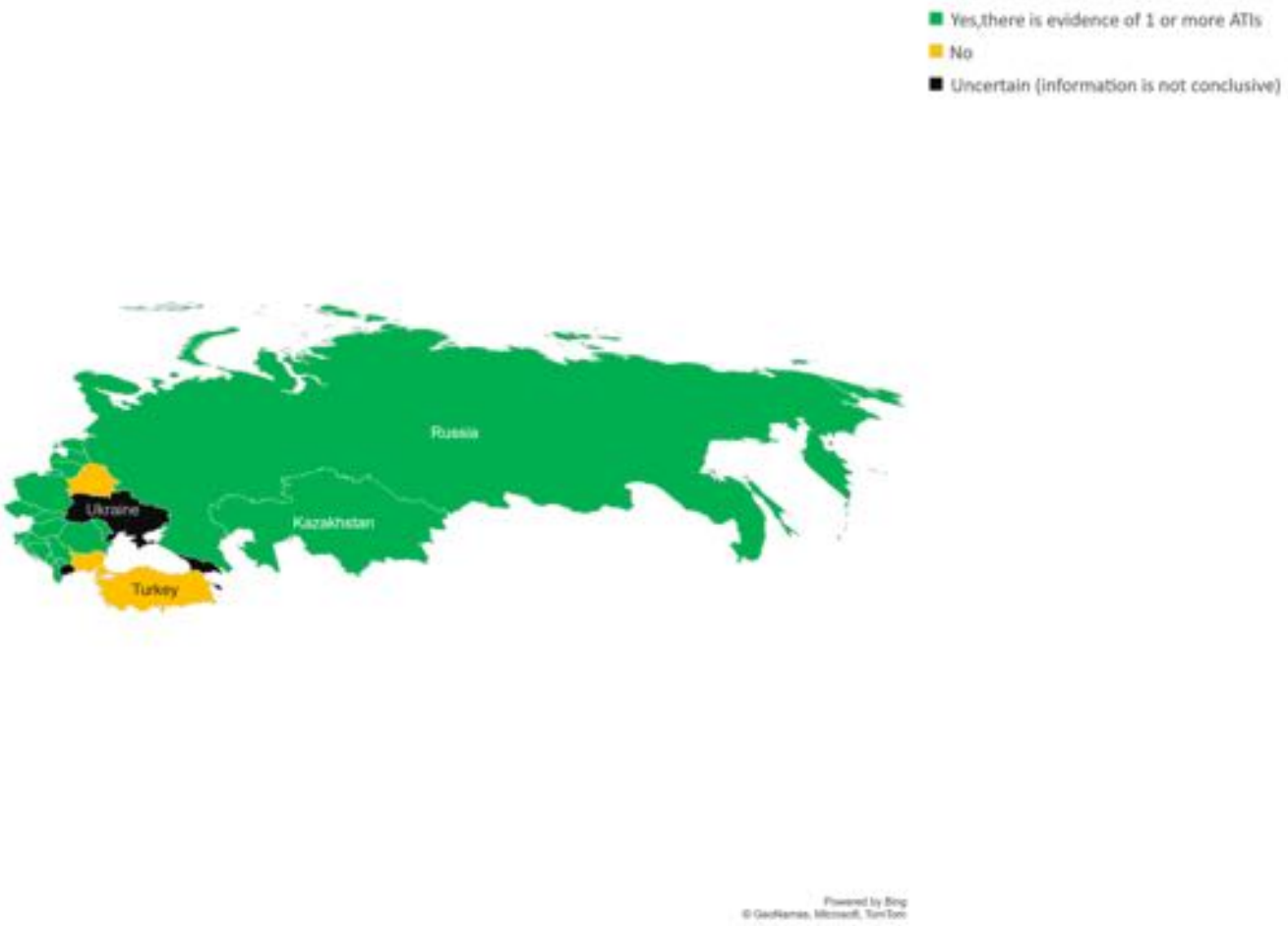


Figure 5. What ATIs are in operation or under consideration for SUDs?



Country tables

Albania

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Albanian Criminal Code article 283 states that drug possession for personal use of small quality is not punishable. Since 2008, the Supreme Court has yet to standardize the amount of a single dose (personal). An amount above the single dose threshold qualifies as a drug trafficking offense. Criminal Code article 60/12 conviction of drug possession on those who are addicted, prohibition might include an order of treatment. Under criminal law article 59/60, an ATI might be applied depending on the individual's age, the type	No, there is no national drug control strategy that allows for the implementation of ATIs for persons with SUDs.[894] The most recent drug control strategy expired in 2017. The Ministry of Justice is responsible for health-care in the prison system as well as ATIs.	No information on public opinion for ATI for persons with SUDs.	NGOs in Albania provide Opioid agonist treatment in prisons, which operate under the Ministry of Justice, Ministry of the Interior and health correctional facilities. In Albania, "medication-assisted treatment (maintenance) programs (buprenorphine), behavioral, cognitive, counselling, self-help and relapse prevention programs are lacking.[895] In general, Albania is home to hundreds of successful rehab treatment centers, spanning a range of budgets and treatment modality. Some employ the traditional 12-Step approach while others incorporate a more holistic and "therapeutic approach to uncovering and treating the traumas associated with	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td>X</td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td>X</td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Article 34 of the Criminal Code provides for the possibility of punishment through a fine.	There is a gap between the legislative provisions and the practical implementations of ATIs for persons with SUDs. Government does not fully support the development of ATIs. In order to be accepted as part of the EU the partnership of the UN, international and national legislators aim for anti-drug policies to meet membership criteria. While the laws are mostly common laws, the barrier to the implementation of more ATIs for persons with SUDs is a result of abuse of government funds and power (i.e.,

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of drug and the quantity of the drug. Legal framework for small drug possession offenses does not take into account an individual's SUD or a history of recidivism.[893] The Penal Code does not criminalize acts committed by substance users if the amount of the drug possession found during an arrest does not exceed 1.9 grams. Article 283 of the Penal Code applies to the possession of the drugs in any form. (consuming or obtaining).			addiction and co-occurring mental health treatment."[896]	Chapter VII of the Criminal Code outlines the available ATIs, including semi-freedom, home confinement, community work, parole, and probation.[897] While juveniles can be integrated easily through restorative programs, rehabilitation and community centers, these are mostly funded by NGOs.	corruption and bribery). There is lack of personnel and lack of facilities to serve those with SUDs. Rehabilitation centers are costly and there is lack of funds. Most of the restorative programs are provided by NGOs. Drug consumption cannot be fully monitored or eliminated in Albania because enforcement is a challenge. The implemented laws are lenient and sometimes ignored. Revision of punishment sentences and laws would help eliminate barriers of bureaucratic inefficiency in public administration.

Azerbaijan

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<table><tr><td>X</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> No laws available.	Yes, there is a national drug policy that implements ATIs for persons with SUDS. The current document applies to 2019-2021.	No information available on public opinion for ATIs for persons with SUDs.	Azerbaijan has "a small pilot opioid agonist treatment (OAT) program in the community."[898] National drug use prevention programs "will be improved through the adaptation and scaling-up of scientific, evidence-based prevention training packages, tools and guidelines."[899] Quality treatment services and programs will be introduced and supported, paying special attention to women, children, Amphetamine Type Stimulants (ATS) and poly-drug users. Experts and practitioners in the fields of prevention, treatment, rehabilitation and social reintegration from both the public sector and Civil Society Organizations (CSO)	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Information is not conclusive. Azerbaijan does not have ATIs for SUDs, they only give prison sentences for persons with SUDs.	There is a lack of data on the topic. It is clear there is an insufficient social support system.[901] The police also routinely use brutal force on those detained in "holding cells of local precincts and district police departments on suspicion of offenses ranging from petty property crimes to drug possession or murder."[902] The Azerbaijani government also "has a longstanding practice of pressing bogus drug charges against its critics, and it has used this method in the current crackdown."[903]

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			will receive systematic specialized training to increase the level of their knowledge and improve the efficiency and effectiveness of the delivery of services."[900]		

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<table><tr><td>X</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> There is no available information on ATIs in the penal code/applicable laws. However, there are strict laws associated with drugs. It is against the law to steal pharmaceutical drugs, produce/process illegal drugs, purchase/possess illegal drugs, traffic drugs, plant/cultivate illicit drugs, promote the use of illegal drugs, and provide a location for using illegal drugs. The Criminal Code characterizes these offenses and their relative serious punishments. Punishments for these crimes can be between 6 months to 15 years with	The Action Plan for Belarus 2019-2021 does not specifically mention the development of ATIs for persons with SUDs.[905] The national drug policy mainly focuses on combating crime and maintaining public order.[906]	No information on public opinion support for ATIs for persons with SUDs. Following the reelection of President Lukashenko in August 2020, mass protests have broken out in Belarus with thousands of people being arrested. “Faced with constant demonstrations by tens of thousands of people, Belarus’ government gradually muzzled the protests by imprisoning opponents or forcing them into exile.”[907] The country is currently concerned with demonstrations that are imprisoning many people at a time so there is no time for the government or the	The professional drug treatment community by law according to the Ministry of Health consists of 3-week treatment and rehabilitation of persons with SUDs. This process is not fully in line with the United Nations (UN) and the World Health Organization (WHO) standards of treatment due to the lack of long-term resocialization and after-care programs for persons with SUDs.[909] There are multiple state healthcare facilities which serve as addiction treatment centers. These facilities specialize in mental health care, substance abuse treatment, and rehabilitative assistance provided by psychiatry staff from the Belarusian State	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> There are no ATIs for persons with SUDs in Belarus.	The major barrier impeding the development of ATIs for persons with SUDs is a ‘tough on crime’ approach in Belarus. The penalties for offenses related to drugs are severe, especially for those who commit crimes while intoxicated. It is not likely that ATIs for persons with SUDs will be considered soon as this would be a dramatic shift in the country’s legal approach. It is also unlikely that the public opinion would have an effect on the legislation considering that in the current political climate, mass demonstrations are resulting in mass

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or without confiscation or property. If an individual commits a crime while intoxicated, then the punishment is more severe. If the crime is committed by a person with a SUD, the court may sentence the individual to imprisonment with compulsory treatment in prison.[904]		public to think about ATIs for persons with SUDs. It is difficult to examine public in Belarus since there are no domestic surveys. The Independent Institute for Socio-Economic and Political Studies which previously conducted public opinion polls was eradicated by the government in 2016.[908]	Medical University and medical staff from the Belarusian Medical Academy. These institutions work closely and cooperate with Minsk hospitals.[910]		incarceration of protestors.

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Article 72 of the Criminal Code of Bosnia and Herzegovina for mandatory treatment of addiction states: "the security measure of mandatory medical treatment of addiction may be imposed on a perpetrator who perpetrates a criminal offence under the decisive influence of addiction to alcohol or to narcotic drugs, if there is a danger that due to such an addiction, he will repeat the offence."[911] "Whoever possesses narcotic drugs without authorization, shall be punished by imprisonment for a term not exceeding one year."[912] In Bosnia and Herzegovina (BiH), drug	Yes, the national drug control strategy 2018-2023 outlines the implementation of ATIs for persons with SUDS.[914]	No information on public opinion for ATIs for persons with SUDs is available. One public meeting between students, researchers, policy makers and practitioners in the field of drug control/treatment, students posed questions regarding the enactment of a law in Bosnia and Herzegovina and if this law would produce effectiveness. Responses concluded that this law would have a positive effect, because government authorities cannot ignore academic challenges and "the doctrinal interpretation of the need for such a law."[915]	The nature of the professional drug treatment community consists of both inpatient and outpatient treatment. The Ministry of Security of Bosnia and Herzegovina is "managing the process of setting standards for the therapeutic community, through a document that establishes therapeutic guidelines for the treatment of opiate users." In terms of substitution treatment, each region in has the freedom to choose the type of therapy, such as methadone or suboxone. Methadone substitution treatment is conducted through the Offices for Substance Addiction, mental health centers and psychiatric clinics in Sarajevo, Zenica, Mos-tar, Sanski Most	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td>X</td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td>X</td><td></td><td>Early Release, Parole, Pardon</td></tr></table> In Article 43 (Community Service) paragraph 5 of Criminal Code, "the execution of imprisonment may be ordered against the perpetrator	The new plan presented for 2018-2023 replaces a previous National Action Plan to Combat Drug Abuse in Bosnia and Herzegovina that was considered unenforceable because it was not in line with the real social possibilities of the country. It was also not in line with state monitoring mechanisms and therefore implementation was difficult. Evidence of NGO progress regarding their role in drug rehabilitation programs and activities of the therapeutic community run by these organizations is limited. There is also no national system of control and

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use-related offenses "are regulated at the level of the three entities: The Federation of Bosnia and Herzegovina (FBiH), the Republika Srpska, and the Brcko District. Supply-related offenses are dealt with at the state level if they involve transnational crimes. They may also be punishable at the entity level if they occur within the country (State Law on Prevention and Combating Abuse of narcotic Drugs in BiH, art. 85). Possession is a minor offense punishable by a fine of about Euro 500–1,500. In the Federation of BiH, drug use is not prohibited at the Federation level, but at the lower (canton) level. Several cantons prohibit public drug use. Personal possession is punishable by up to one year of imprisonment			and Bugojno, while suboxone therapy is used in Tuzla."[916]	of a criminal offense who, while performing community service as a substitute to imprisonment, fails to submit himself to mandatory treatment of addiction." Under the provisions of Article 71 (Mandatory Psychiatric Treatment) paragraph 2 of the Criminal Code, after a person who has been convicted is conditionally released, his mandatory treatment of a SUD. may continue outside of an institution. If he does not continue the treatment, his conditional release shall be revoked. The individual involved with the criminal justice system who does not submit himself to treatment during a probation period set in a suspended sentence, may be treated pursuant to the provision of Article 63 (Revocation of Suspended Sentence Caused by Failure to Fulfil Particular Obligations) of this code. Under the conditions provided for in paragraph 1 of Article 72, the security measure of mandatory medical treatment	certification of therapeutic communities and individuals who participate in the implementation of therapeutic programs, as required by the strategy. The big problem is the fact that there is no standardized quantity for the charge of possession of drugs for personal use. NGOs do not have any programmatic and financial support from the state, which is another barrier. A model of cooperation and implementation of activities related to the prevention and control of drug abuse in the Republic of Srpska, is however, one of the good examples for the region."[919]

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(Criminal Code of FBiH (CCFBiH) art 238.n Republica Srpska). Narcotic drug use in a public place and possession for personal use is a minor offense punishable by a fine of about EUR 250–75 (Law on Public Order and Peace of Republika Srpska; State Law on Prevention and Combating Abuse of narcotic Drugs in BiH, art. 85). Laws on misdemeanor offenses provide for a security measure of outpatient treatment, suspending or reducing sanctions, for someone who has committed an offense under the influence of drugs. In the Brcko District, use of narcotic drugs in a public place and possession for personal use is a minor offense punishable by a fine of about EUR 250–750 (Law on Public Order and Peace of Brcko District, art 31)."[913]				of addiction may be imposed along with the same criminal sanctions, for the same duration, and in the same manner as prescribed for the security measure of mandatory psychiatric treatment by this Code."[917] Article 71 states: "The following security measures may be imposed on perpetrators of criminal offences: a) Mandatory psychiatric treatment; b) Mandatory medical treatment of addiction; c) Ban on carrying out a certain occupation, activity or duty; d) Ban on driving a motor vehicle; e) Forfeiture."[918]	

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<table><tr><td>X</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> Bulgaria is extremely strict on illegal drugs. Cannabis is placed in the highest risk category for illegal narcotics, and possession of a small amount could well land you in jail. "Drug use itself is penalized as an administrative offense for high-risk drugs (List 1) and a fine of between BGN 2 000 (EUR 1 023) and BGN 5 000 (EUR 2 257) can be imposed. Minor cases of possession that are prosecutable under the Penal Code can be settled with a fine of up to BGN 1 000 (EUR 511); possession of any drug is punished by one to six years' imprisonment for	Yes, there is a National Drug Strategy plan for 2020-2024 in Bulgaria.[926] The document; however, did not specifically mention the development of ATIs for persons with SUDs. "In a statement presented to the Ministry of Justice, several NGOs claimed that the proposed bill does not offer progress. According to the Action Plan for implementation of the National Strategy for Fight against Drugs the main strategic tasks in drug demand reduction are to prevent substance use to new users, reduction of psychoactive substances used for medical purposes, to defeat social isolation experienced by those with SUDs.	"National and international groups are now lobbying the Bulgarian Parliament to seek revision of this bill in order to better reflect the global evidence of what does – and what does not – work in terms of drug policy."[927] Civil society organizations have expressed their reservations for the bill and notified the Ministry of Justice on the matter. "The bill, meanwhile was approved with inputs from civil society and even the National Council on Drugs. The bill on the other hand fails to make distinction between the substance users and dealers and this	"Health Foundation and NGOs have introduced harm reduction services in Bulgaria."[929] "Education and training of such persons upon the early finding of abuse and upon short-term interventions in such cases with the individual and his/her family will contribute to quality improvement and abrupt extension of the range of medical services rendered to people experiencing such problems."[930] "Organisation and technologies for drug treatment gradually enter – substitution and maintenance programmes with opiate agonists in patients with heroin addiction day centres for intensive psycho-social work, therapeutic communities, use of opiate antagonists."	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> There are no ATIs for persons with SUDs.	Most of the death rate in Bulgaria is noted to be from overdose of substance use. A great number of those deaths range among young people. The majority of substance users in Bulgaria are young people and SUDs are increasingly more present. The situation is out of control. Therefore, the barriers also exist in policy and health care reform efforts and an insufficient strategy for their implementation. This also prevents individuals from participating in programs and rehabilitation facilities. "The research has shown concerns on youth dependency and their aggressive

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high-risk substances and by up to five years' imprisonment in the case of moderate-risk substance."[920] "Bulgarian drug law currently levies a fine of up to €500 for insignificant drug possession. However, the new bill imposes mandatory imprisonment for cases of possession of any amount of any illegal drug – making no distinction between people who use (or are dependent on) drugs, and those who are selling or producing drugs for profit. Furthermore, the new bill does not offer the option of drug treatment as an alternative to imprisonment. Outside of prison, levels of drug use remain unchanged in the country."[921] A controversial new Criminal Code bill in	The plan also seeks to reduce the transmission of diseases among substance users, the development of new treatment programs, the development of new treatment centers, rehabilitation or prevention and producing new programs in social rehabilitation and reintegration.	leads to public concerns. Another concern from the public was a problem raised from this bill on increasing the danger of incarcerating the young generation for substance use. Part of society does want severe measures because they are afraid, and they think it will help to resolve their problems. Public opinion has initiated research in various schools and areas. Public opinion mostly negative towards use of drugs. It is far more tolerant of tobacco smoking and alcohol consumption; the generalized attitude in aggregate to the latter tends to be positive."[928]	In 2003, program development of methadone maintenance treatment in Bulgaria was accepted from the Ministry of Health. In practice (mostly private) of the outpatient treatment opiate antagonists (f.i. Naltrexone) are also used for long term maintenance treatment in young heroin dependent patients, who successfully underwent detoxification"[931] Inmates received methadone maintenance treatment.		behavior that might even create the path violence and criminal actions in the country." NGO representatives have pointed out that the country faces a lack of participation and consultation in developing health strategies. Therefore, this leads to ineffective strategy and doubt for the sustainability of health reforms. Negative attitudes in particular, were expressed towards the "commercialization" of health care. Bulgaria also faces a lack of regulatory action in policy decision making specificity in implementation, systems of monitoring and control, and systems of evaluation, which

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Bulgaria "is set to criminalize users of even the smallest amounts of illicit drugs in an effort to improve public health and fight crime." The bill in Bulgaria's parliament, if approved, would replace fines for minor possession with jail time and largely do away with the option of treatment and rehabilitation for drug users."[922] The National Program for Prevention, Treatment, and Rehabilitation of Drug Addiction in the Republic of Bulgaria aims to assist in the implementation of a healthcare reform concerning narcotic substances abuse. The National Drug Strategy (2020-2024) "includes five main areas of action - limiting the supply and distribution of drugs; limiting the demand, use and impact					is a very serious problem. Policy makers believe that there is a lack of implementation capacity which makes the process of reformation slow and that also plays a role in the population's attitudes. On the other hand, barriers such as inequality take much of the attention away from healthcare and health-related policy reforms. Under the regulation of equal opportunity for health insurance, there is a barrier that increases the non-participation in the compulsory health insurance system, informal payments, and charging user fees to exempted patients."[932]

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of drugs and addictions on personal and public health; increasing the expert capacity for research and renewal of technological equipment; improving interaction and coordination between institutions; improvement of the regulatory framework."[923] Its main principles have been set in "compliance with the EU Anti-Drugs Strategy."[924] "According to the public opinion of students there are two main ways to get the drug addiction problem in Bulgaria resolved: strict laws and public commitment."[925]					

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Under amendments to the country's penal code, possession of drugs for personal use will no longer be a criminal offense. "Possession of drugs can be fined up to 2, 680 euros ($3,503), the individual may also be sent to a rehabilitation program or ordered to do community service. Previously, anyone convicted of drug possession could be sentenced to up to three years in jail."[933] "Croatia is in support of alternative measures to incarceration, with reservations to decriminalization."[934] ¨Availability of ATIs for persons with SUDs tries to keep people away	No, there is not a national drug policy that outlines goals for ATI development for persons with SUDS. The latest document expired in 2017. "The right of access to treatment for all consequences of drug abuse is granted in the Republic of Croatia: stipulated in the National Strategy. Prevalence of the financial support comes from the office of Drug Abuse of the Government of the Republic of Croatia, the EMCDDA, the Croatian National Institute of Public Health, the Ministry of Health and other countries, and local-level institutions."[937]	No information on public opinion for ATIs for persons with SUDs is available.	Treatment for SUDs include "inpatient medical detoxification, outpatient medical detoxification, outpatient abstinence-oriented treatment, and substitution maintenance therapy of opioid dependence." There are also specialized treatment services for patients with SUDs (including intravenous drug users) with HIV/AIDS. Three of the most important health professionals for treatment of persons with SUDs are: Psychiatrists, General Practitioners, and Psychologists."[938]	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td>X</td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td>X</td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td>X</td><td></td><td>Early Release, Parole, Pardon</td></tr></table> In Croatian criminal courts, rehab in a therapeutic community with professional help can be recommended. In cases where the prison sentence	"One of the barriers is to fight against stigma and raise awareness in the society as a whole."[941] Croatia has to eliminate present stigma by promoting information about drugs, and drug prevention. This includes promoting social and parenting skills to support both children and adults. Croatia faces barriers of implementing new ATIs as a result of lacking diagnostic and treatment capacity. This contributes to distrust of ATIs. Lack of clinical care combined with the rise of Hepatitis C transmission via injectable drugs is another barrier.

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from the justice system."[935] Owning drugs for personal use isn't considered a criminal act in Croatia, and is instead treated as 'prekršaj'(a misdemeanor). People who consume drugs can face a monetary penalty ranging from 1.000 kn to 20.000 kn. The law does not define amounts and punishments for personal use of drugs. Since this is the case, there is a lot of discretion given to the police officer and/or the judge presiding over a case."[936]				is up to six months, the following alternative measures may be prescribed instead of going to prison: fines, community service, probation, and treatment. Since 2007, Croatia has implemented Project of Social Reintegration for persons with SUDs. The program encompasses interventions aimed at social inclusion of people with SUDs into community life upon completion of their treatment in a health care institution, withdrawal in a therapeutic community or prison sentence. It also includes psychosocial support, completion of education, retraining and employment, assistance with the housing or organized housing of treated people who use drugs, and other forms of social interventions aimed at integrating as many people who use drugs into society as possible. Programs are provided by NGOs focused on prevention, re-socialization and harm reduction, which are funded by the government.[939]	Stigmatization around IDU and HCV also exists, which prevents individuals from getting tested and treated. There are also barriers to isolated treatment networks which can make the commute unfeasible for those living in the peripheral areas.[942]

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				In Croatia, "drug-dependent persons have a right to access vocational and educational training while residing in therapeutic communities, specialist housing facilities or prison, to finish high school education that was previously started upon leaving the therapeutic community or prison and to attend education in accordance with labour market demands."[940]	

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The Criminal Code, Act No 40/2009, of the Czech Republic regulates drug-related offences including drug trafficking, unauthorized possession of drugs, conditions of prosecution, types of penalties and more.

The Addictive Substances Act, Act No 67/1998, regulates the lawful handling of narcotic drugs and psychotropic substances. In the Czech Republic, drug use is not an offence and possessing small quantities of drugs for personal use is a non-criminal offence punishable by a fine up to 15,000 CZK under the Act of Violation.[943]
</td>
<td>The National Strategy to Prevent and Reduce the Harm Associated with Addictive Behaviour 2019-2027 promotes applying “…alternatives to coercive sanctions in relation to drug-using offenders in order to prevent crime, reduce recidivism, and enhance the efficiency and effectiveness of the criminal justice system, while also looking at a possible reduction of health-related harms and minimisation of social risks.”[945]</td>
<td>Prisons in the Czech Republic are overcrowded, making ATIs a viable option for persons with SUDs.[946]

After the Ministry of Justice published a proposal of differentiating between cannabinoids and illegal drugs, Czech media recorded the public opinion of the population. 50% of respondents supported the prosecution of cannabis use and cultivation and 40% of respondents opposed legalization. 10% had no opinion.[947]

The public opinion does not directly relate to ATIs for persons with SUDs, but almost half of the respondents do</td>
<td>Drug treatment in the Czech Republic consists of harm reduction centers, specialized outpatient centers, non-specialized psychiatric outpatient centers, psychiatric units in general hospitals, special units in psychiatric hospitals, and therapeutic communities.

Therapeutic communities are operated by NGOs and focus mainly on illicit drug users.

The Prison Services document outlines how NGOs provide interventions of prevention, drug treatment, and efforts to mitigate the social impact of drug use in prisons through counseling centers, drug free zones and specialized wings.[948]</td>
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Voluntary or compulsory treatment can be ordered by the court.[950]

An assessment as to whether the individual involved with the criminal justice system is eligible for rehabilitative
</td>
<td>The major barriers impeding the development of ATIs for persons with SUDs are that the most common modes of intervention for persons with SUDs occur in prison.

These individuals are still sentenced to their punishment and can take part in programs while in prison. The problem is that these programs are based on a voluntary basis and part of a court ordered treatment.

If an individual with SUDs does not choose to take part in these programs while in prison, they may only have the option for treatment or rehabilitation after their sentence is served.</td>
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Criminal law allows for ATIs for persons with SUDs however, the only exception is that probation cannot be used as an ATIs if the prison sentence exceeds five years. [944]		not support the legalization of drugs or the decriminalization, which may influence people's views towards ATIs.	The Ministry of Justice stated that this program by NGOs in the prison system is a priority in creating program centers and probation houses which can serve as ATIs. This program works to train judiciary staff in applying ATIs.[949]	treatment is made by a pair of court-appointed experts or specialist court staff.[951] For offenses that do not carry a heavy sentence, the court can employ a suspended sentence, with or without probation, if the imprisonment is shorter than three years. The probation involves supervision by a probation worker during a period of 1-5 years and a program to help the offending behavior including treatment of addiction and training of work and social skills. Secondly, the court can also issue community service of 50 to 400 hours unpaid work to benefit the local community. Thirdly, the court can issue community service with probation of up to one year of supervision by a probation worker and a program to help with the offending behavior.[952] Two types of ATIs for Drug Treatment: The first is 'Quasi-compulsory' ('protective') treatment (of drug addiction). The second is 'Appropriate obligation' to undergo treatment of addiction to addictive	ATIs for persons with SUDs are only implemented if it is a drug related crime.

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				substances, which does not qualify as quasi-compulsory treatment (AOT). Specifically, for drug treatment ATIs, there was a reported lack of awareness/knowledge among judges and prosecutors that such an alternative is available.[953] ATI Restriction of Liberty is known as: Appropriate restriction to refrain from consuming alcoholic drinks or other addictive substances (ARC). Forms of ARC include community service and house arrest. Secure detention with compulsory treatment is possible for those who are drug dependent and deemed socially dangerous.[954] Treatment without consent may be used as a protective measure of the individual or the population.[955] The court can suspend the prosecution if the individual committed the crime while under the influence of addictive substances.[956]	

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> The Act on Narcotic Drugs and Psychotropic Substance and Precursors Thereof regulates the unauthorized consumption of narcotic drugs without a prescription, illegal manufacturing, and possession of small quantities is punishable by a fine of up to 1,200 EUR or administrative detention for up to 30 days. The law allows for treatment to be offered as an ATI for persons with SUDs only if the sentence of imprisonment is 6 months to 2 years and if the offender agrees to undergo the treatment course.[957]	No current national drug control strategy exists. The most recent national drug control strategy known as The National Health Plan 2009-20 served to prevent and reduce the consumption of narcotic substances and the health/social damage caused by drug use. The White Paper on Drug Prevention Policy elaborates on the drug policy and addresses supply reduction, universal primary prevention, early detection/intervention, harm reduction, treatment/rehabilitation, resocialization, and monitoring.[959] It did not specifically mention the development of ATI for persons with SUDs.	The view of crime control policy has shifted since the fall of Communism in Estonia and there is a notion that the state's repressive agencies should interfere in people's lives as little as possible. There are attempts to replace the former criminal justice system. "First of all, it is obvious that diversified crime control measures and modes of punishment are gaining popularity at the expense of classical incarceration. It is also quite characteristic, that attempts are made to find new alternatives, to avoid the use of criminal sanctions, and to solve as	The National Health Plan 2009-2020 defines the main objectives of drug treatment. The state budget from the Ministry of Social Affairs funds treatment in the public sector. In some instances, larger municipalities also fund drug treatment. Usually, psychiatrists in hospitals provide drug treatment and they are required to obtain a license for mental health services.[961] The National Institute of Health Development (NIHD) finances the national budget to provide substitution treatment for opioid addiction.[962]	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td>X</td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td>X</td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> The ATIs in operation are drug treatment known as 'substitution of imprisonments' by treatment and suspension of sentences known as probation with subjection of offender to supervision of conduct.[963]	There are not many barriers impeding the development of ATIs for persons with SUDs in Estonia. Currently, there are two different forms of ATIs implemented for persons with SUDs and one under consideration. The present issue in Estonia is that there is a large prison population. The current ATIs are meant to reduce that population of inmates. To determine the effect on prison populations, it is necessary to determine the rates at which drug-related crimes are committed

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The Penal Code allows for the prison sentence of 6 months to 2 years to be substituted by treatment if the offense was caused by addiction.[958]		many problems as possible without the aid of the governmental criminal justice. In the former Soviet Union, the basic criminal sanction was the deprivation of liberty, and the wide range of other sanctions were of secondary importance. The dominating direction in European penal policy is to minimize imprisonment and to increase the non-custodial alternatives."[960] The overall trend of public opinion in Estonia is a shift from crime control to more methods of ATIs in general.		An assessment as to whether the individual involved with the criminal justice system is eligible for rehabilitative treatment. This assessment is carried out in a treatment center by a panel of three or more experts.[964] The court determines the circumstances of the offense and the behaviors of the individual involved with the criminal justice system to determine if imprisonment is unreasonable and instead can order suspension of the sentence on probation. The probation period is ordered for a time of three to five years. The court may impose obligations that an individual is obligated to follow under supervision. These include not consuming alcohol/narcotics and undergoing prescribed treatment if the individual has consented to it.[965] The ATIs under consideration for persons with SUDS is Electronic Monitoring (EM). SuperCom Ltd has created a contract with the Estonian government to initiate the project Pure Security Electronic	compared to other crimes.

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				Monitoring (EM) Suite for house arrest. The start of this project will cover cases of house arrest throughout the entire country.[966]	

Georgia

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<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> In an effort to fight the use of drugs, Georgian authorities "aggressively pursue drug prosecutions, which often lead to long sentences and prohibitive fines against individuals who have committed no harm to anyone, but who simply acquired small amounts of drugs for personal recreational use. Harsher features of Georgia's current drug policies and practices were adopted in 2006, when then-President Mikheil Saakashvili announced a "zero tolerance policy" towards all crime, including drug-related offenses. This "tough on crime" approach towards drug users may have led to a reduction of the	No, there is no national drug control strategy that allows for the development of ATI for persons with SUDs. The most recent National Drug Control Srategy expired in 2013.	No information on public opinion for ATI for persons with SUDs is available.	The budget of the 'State Programme on Addiction' in 2012 was GEL 2 755 000 (EUR 1, 377, 500) (Ministry of Justice of Georgia, 2012) and consists of three key components: inpatient detoxification and primary rehabilitation (GEL 624 000); implementation of detoxification therapy (GEL 1, 310, 000); and provision of substitution medication (GEL 817, 000). In 2009, psycho-social rehabilitation services were introduced to strengthen the sustainability of the abstinence-oriented treatment, though the number of patients involved both in AOT and psycho-social rehabilitation has declined every year since 2008. Opioid substitution treatment was initiated	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> There are no ATIs for persons with SUDs.	The main barrier impeding the development of ATIs for persons with SUDs is the lack of rehabilitative measures in treatment centers. The problem with this is that "The absence of a rehabilitative component dramatically reduces efficiency of treatment and very often, it is the main reason for unsuccessful treatment."[973]

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availability of certain illicit drugs, such as heroin, but did not lead to a decrease in drug use."[967] "Possession of any amount of drugs is a criminal offense under the Penal Code of Georgia (Article 260), with no differentiation between the possession of drugs for personal use and for trafficking. This article provides strict punishment: up to 11 years' imprisonment for a small quantity of drugs."[968] "It depends on charges you are arrested for. If you consumed any illicit drug (except Marijuana) (1), or possessed a small amount (2) of it, and it is the first-time case during a year, you will be charged with an administrative fine – GEL 500. If you repeat this action during a year, then you will be charged for a criminal offense with possible punishment			in Georgia in 2005, with methadone as the only legal medication. Buprenorphine (under the formulation of Subutex®) was registered for use in substitution treatment in Georgia in 2010. Contrary to abstinence-oriented treatment, demand for opioid substitution treatment (OST) and opioid-assisted detoxification is on the rise — there has been a steady increase in the number of patients, expanding geographical coverage and diversified treatment modalities included in the OST programs. One Suboxone substitution site has been operational since 2010."[972]		

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of up to one-year imprisonment, or at least GEL 1,000 fine."[969] "The Current Article 273 of the criminal code of Georgia envisions responsibility up to one year imprisonment for any drug use."[970] "In Georgia, first-time illegal drug consumption or possession of a small quantity of drugs for personal use is a misdemeanor. A repeat offense within a year result in criminal liability."[971] The law allows for ATIs for persons with SUDs but with some contradictions. A zero-tolerance approach is applied to the possession of drugs for personal use while the law does not define a quantity threshold.					

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> The drug control sections of the Criminal Code define the consumption of drugs as a criminal offense punishable by up to two years in prison. Possession of small quantities is also punishable but up to two years. Maximum penalties are not lower for offenses committed by drug users; however, the court may consider the perpetrator's drug use into consideration when determining the punishment. Suspending the prosecution and offering ATIs for persons with SUDs treatment is possible for those	No current national drug control strategy exists. The most recent national drug control strategy is Hungary's National Anti-Drug Strategy 2013-20 called 'Clear consciousness, sobriety and the fight against drug crime,' addressed issues of intervention including health development and drug prevention, treatment, care, recovery, and supply reduction.[976] It did not specifically mention the development of ATIs for persons with SUDs.	No information on public opinion support for ATIs for persons with SUDs.	In Hungary, the drug treatment community is a combination of the healthcare system, social service, and non-governmental institutions. Treatment services are usually provided by public bodies and non-governmental drug service providers. NGOs also provide long-term rehabilitation. Professionals who work in the field of drug demand reduction are trained in psychology/psychiatry studies and studies about addiction treatment.[977]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td>X</td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> The ATIs currently in operation are known as postponement of indictment, termination of investigation, and conditional sentence which are grouped under the category of Suspension of Sentence and Investigation/Prosecution.	The major barriers impeding the development of ATIs for persons with SUDs are that recently the laws have been changed to more severe punishments for drug-related crimes. This creates an increase in the prison population despite ATIs being available. Not everyone qualifies for ATIs, so the prisons become congested with large populations. The Roma people living in Hungary are also targeted and discriminated against by law enforcement resulting in them being imprisoned at high rates.

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committing offenses involving only small quantities of drugs including production, manufacturing, acquiring, and possession for personal use. This option is not available within two years of a previous suspension.[974] Section 180 of the Criminal Code states, "...no punishment shall be applied for drug addicts possessing a small quantity for personal use, provided the offender can produce before sentencing a document certifying participation in treatment or a preventative consulting service."[975]				The case, proceedings, or sentencing is suspended as long as the individual qualifies for treatment services.[978] An assessment as to whether the person with SUDs is eligible for rehabilitative treatment is made in a hospital by a single expert.[979]	It would be important to determine if ATIs are provided as an option to the Roma people as often as they are to Hungarians.

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Law No. 279 of the Republic of Kazakhstan establishes criminal liability for the sale of narcotic drugs or psychotropic substances of any amount. Drug abuse is not a criminal offence. Legislation measures have been implemented to provide compulsory treatment to drug addicts. [980] The Code of the Republic of Kazakhstan legislative document defines medical assistance for patients with alcoholism, narcomania, and toxicomania as, "1. The State provides a system of measures to prevent and treat alcoholism, narcomania and toxicomania. 2.	No new national drug control strategy exists. The most recent national drug control strategy aimed to reduce the demand for drugs, reduce supply, reduce consumption, and harm reduction. ATIs are being introduced as compulsory treatment for persons with SUDs who commit minor offenses.[982] The Specialised Programme to Combat Drug Abuse and Drug Trafficking in the Republic of Kazakhstan 2012-16 was approved to introduce alternative forms of punishment for persons with SUDs who commit minor offenses and ATIs in the form of compulsory treatment of drug addiction.	No information on public opinion support for ATIs for persons with SUDs. Since 2019, opinion polling and surveys are only permitted to be conducted officially by the government or with permission of the government.[985]	The main providers of addiction treatment are drug treatment clinics. The budget for outpatient treatment in rural areas of the country may be limited due to the lack of primary health care and a lack of professionals who work in SUD treatment. The two organizations that carry out compulsory drug treatment are: 1. The Centre for the Socio-Psychological, Rehabilitation of Drug Addicts of the Committee on Narcotic and Drug Control of the Ministry of the Interior of Kazakhstan and 2. The Department of Social Rehabilitation of the RSPC MSPDA clinic. Most services of outpatient substance abuse treatment are	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td>X</td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> The ATI currently in operation is probation. There is a lack of information about probation, it is just mentioned that it is used. However, the court can also order mandatory rehabilitation for persons with SUDs.	The major barrier impeding the development of ATIs for persons with SUDs is that treatment is often forced and the individuals themselves cannot choose to willingly undergo it. The lack of choice may have the opposite effect and treatment may not be taken seriously. Probation is noted as one type of ATI in operation but there is a lack of information detailing it, which may be a result of their limited use. Rural communities are less likely to have access to treatment. In order for ATIs to be implemented successfully, an

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Compulsory measures of medical character are used upon court order towards people, who have committed crimes, found in need of treatment from alcoholism or narcomania or toxicomania, and towards people, who have committed administrative offence and found ill with chronic alcoholism, narcomania or toxicomania and shirking voluntary treatment and are regulated by Law of the Republic of Kazakhstan No. 2184". [981] The court can order compulsory treatment for a duration of minimum 6 months to a maximum of 2 years.	The National Programme for the Development of the Public Health of the Republic of Kazakhstan for 2011-15, also known as Salamatty Kazakhstan, was implemented to develop treatment for persons with SUDs. Part of the initiative is to develop and improve treatment and rehabilitation of persons with SUDs.[983] The Sectoral Programme by the Order of Government of the Republic of Kazakhstan No. 451 of April 12, 2012 aims to improve the system of drug prevention and drug dependence treatment and to develop the system of rehabilitation of persons with SUDs.[984]		provided by public health organizations.[986] Voluntary treatment assistance is provided regardless of whether the individual can afford it or not. This is described as, "people with no money for treatment and rehabilitation in private institutions; and people who have money seek treatment in private institutions." Compulsory narcological assistance is used to reach drug users suspected of being predisposed to committing crimes. People with drug addiction who refuse to receive assistance in narcological institutions can receive assistance from NGOs and other institutions providing social services."[987]		increased focus on making ATIs accessible throughout the whole country is required. Treatment is difficult to provide in rural parts of the country and if new ATIs are developed, there might be a continuation of lack of resources for people living in those communities.

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> The Kosovo Criminal Code, under Article 4 states that, "criminal sanctions and measures of mandatory treatments may be imposed on a perpetrator who is not criminally liable or is addicted to drugs or alcohol." First is mandatory psychiatric treatment and custody in a health care institution. Second is mandatory psychiatric treatment at liberty and not by court order. Third is mandatory rehabilitation treatment of persons addicted to drugs. Article 57 states that a suspended sentence can be applied when complimented by a	Yes, there is a national drug policy that allows for the development of ATIs for persons with SUDs.[989] The most recent one applies to 2018-2022. State "drug policy exists mainly 'on paper," however, the capacity to enforce these policies among practitioners and other relevant actors is weak. The first steps towards implementing state policies have been taken by former drug users, who have noticed an urgent need for action among their peers, or by the international community, particularly the Global Fund-a national program. MMT programs reveal that government officials have a negative perception of the	No information on public opinion for ATIs for persons with SUDs.	The professional drug treatment in Kosovo includes out-patient support programs. The drug treatment in Kosovo is "in the form of detoxification services, and psychosocial treatment." Healthcare providers and public, social services are not involved in the treatment of high-risk drug use."[991] Lack of funding for treatment since "health insurance providers and public social services are not included in the treatment of problematic drug users. This is mainly a result of the lack of adequate training and understanding of their role in the field of drug treatment."[992] "Due to poor training and inadequate staffing, authorities did not	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td>X</td><td></td><td>Community Service Sentencing</td></tr><tr><td>X</td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td>X</td><td></td><td>Pretrial Services Programs</td></tr><tr><td>X</td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td>X</td><td></td><td>Early Release, Parole, Pardon</td></tr></table> The new law enacted in Kosovo in the Criminal Code includes alternative sentencing provisions. This code, found in	The barriers impeding the development of ATIs for persons with SUDs include stigmatization of addiction and a lack of specialized medical professionals. Therefore, there is discrimination in the justice system for persons that suffer from SUDs. There is mistrust between communities and institutions. Education on drug abuse and prevention begins in schools and other institutions that help shape the public's view of a number of issues. The exclusion of drug users from society causes

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mandatory rehabilitation treatment. Suspended sentence substituted with ATIs that include rehabilitation treatment is an option, when it's the first-time an individual with a SUD is involved with the criminal justice system. "The period of mandatory treatment shall not be less than three months and shall not exceed twelve months. The probation service shall supervise the rehabilitation treatment program. The punishment will be deemed as served upon completion of the rehabilitation treatment program as required by the Probation Service."[988]	importance and benefits of substitution treatment and the establishment of a drug assistance system. There is no understanding or consensus on which types of services are appropriate to respond to the situation, and opinions on what works vary widely. This may also be related to the perception that drug use and addiction are issues of mental health rather than issues of general public health. The Ministry of Internal Affairs in cooperation with the Office of the Prime Minister, organizes a conference to discuss drug use and its prevention along with municipality of Peja to address the use of drugs."[990]		always exercise control over facilities or inmates. Approximately 30% of inmates enter prison with a drug addiction."[993]	Article 49 paragraph 1, describes various types of alternative punishments. According to this article alternative sentences are: - conditional sentence, - semi-liberty, and - order for general-benefit work. While in the same article in paragraph 2, it is "foreseen that the court when imposing a suspended sentence may also pronounce: - order for compulsory rehabilitation treatment, and - order for oversight by the Probation Service."[994] The available ATIs for persons with SUDs are community service, non-custodial sanctions, pretrial sentences, pre-arrest suspension and probation and early release or pardon.	barriers to drug treatment services. It creates selective processes at the discretion of the judiciary and other authorities.

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> The Penal Code in Latvia has options for ATIs for non-problematic users. The legal framework states, "users without any diagnosis of addiction, who commit minor drugs possession offences, may be eligible for diversion to some form of counselling or rehabilitation course. The mechanisms described for problematic users also apply to 'users."[995] The implementation of ATIs – community service, suspended sentence, conditional release from criminal liability – is dependent	No current national drug control strategy exists. The most recent available national drug control strategy is the National Programme on Drug Control and Drug Addiction Restriction for 2011-17, which did not specifically mention the development of ATIs for persons with SUDs. It was developed in accordance with the Regulation for Development of Planning Documents and Impact Assessment and the Latvian Strategic Development Plan 2010-13. The document is focused on illicit drugs and how to reduce them in society, reduce the harm caused to society, and to reduce the availability of drugs.[999]	The electronic monitoring ATI option is currently being developed in Latvia. It is the first of its kind in the country, and the public opinion strongly favors imprisonment over the use of ATIs.[1000] Since the public prefers imprisonment to ATIs, there is a gradual effort to change the attitudes of the public, prison staff, and probation workers.[1001]	The Riga Center of Psychiatry and Dependencies is responsible for national coordination of drug treatment. Drug treatment institutions operate under the Ministry of Health and are funded by the state budget of the National Health Service. Narcologists provide outpatient drug treatment in public or private centers. Inpatient treatment is provided by psychiatric hospitals that are either publicly or privately funded.[1002]	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td>X</td><td></td><td>Community Service Sentencing</td></tr><tr><td>X</td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td>X</td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td>X</td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> One ATI currently in operation is Suspended Sentence. The court considers the nature of the offense, the harm it caused, and the behavior of the individual involved with the criminal justice system to determine if the	Latvia provides a variety of options of ATIs for persons with SUDs. The major barrier that impedes the development of ATIs further seems to be public opinion, which favors imprisonment. The creation of the Olaine Prison is a step in the direction of changing public opinion to support ATIs and make it easier for individuals involved with the criminal justice system to reintegrate back into society. The consideration of Electronic Monitoring on a nationwide level would support the public opinion as the individual serves their prison sentence but is then able to

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on the severity of the criminal offense. The ATIs are applicable to those involved with the criminal justice system who commit a less serious crime or a serious crime for which the punishment is greater three years but does not exceed five. Persons with SUDs may only be offered an ATI option if, "...they agreed to treatment for alcoholism or addiction to narcotic, psychotropic or toxic substances, if he or she has committed the criminal offence due to alcoholism or addiction to narcotic, psychotropic or toxic substances."[996] The individual involved with the criminal justice system must agree to undergo treatment for the court to suspend the sentence or release them from criminal liability.[997]				sentence should be suspended.[1003] Another ATI in operation is Conditional Release Prior to Completion of Punishment. The offender may be released if there is reason to believe that they will adapt into society without committing a criminal offence.[1004] This ATI may be ordered, "if the convicted person agrees to treatment for alcoholism or narcotic, psychotropic or toxic substance addiction, in cases where the convicted person has committed the criminal offence due to alcoholism or narcotic, psychotropic or toxic substance addiction".[1005] An assessment as to whether an individual is eligible for rehabilitative treatment is made in a treatment center by a panel of three or more experts.[1006] Another ATI in operation is Community Service. The convicted individual does work in an area where they live specified by community service implementation authorities.[1007]	serve the rest from home where there is an opportunity for treatment and preparation for life after prison.

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Latvia's Criminal Law Section 59, Paragraph 4 states, "a person who has committed a crime because of addiction to alcohol or drugs may be exempted from penalty by a court if the person has agreed to be treated for alcohol or drug addiction. A penalty shall apply if during the time set by the court for treatment or afterwards, the person has avoided treatment. The cost of treatment shall be borne by the accused person."[998]				An ATI under consideration is Electronic Monitoring. It would allow inmates to serve their sentence at home as a way to increase alternatives to vulnerable groups in prison. It would only be implemented for inmates who have served most of their prison sentence already in order to support their reintegration into society.[1008] It would work as an ankle monitor possible through a contract with SuperCom Ltd.[1009] In 2016, the Olaine Prison in Riga was opened as the first initiative to fight drug dependency in Latvian prisons. The new center can house 200 inmates and offer treatment for drug and alcohol-related problems.[1010]	

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> In January 2017, Lithuania criminalized possession of small quantities of illicit drugs. Before this legislative change, possession of small quantities was an administrative offense, not a criminal offense. Over €25 million was spent by the state to imprison people for drug possession.[1011] Article 19 of the Criminal Code called 'Person's Liability for a Criminal Act Committed under the Influence of Alcohol, Narcotic, Psychotropic or Other Psychoactive Substances' states, "1. A person who has committed a criminal act under the influence of	The National Drug, Tobacco and Alcohol Control and Use Prevention Programme 2018-2028 asserts that the criminal code is excessive and the "…use of the custodial sentenced and their excessive duration when the punishment goals can be attained by applying more lenient or alternative sanctions, and alternatives focused on assistance to person."[1014]	In a public opinion poll conducted by Center on Insights in Survey Research, 23% of respondents (the highest number) believe that drugs are the biggest security threat facing the country.[1015] Since the majority view this as a threat, it is likely that the public would support harsher punishments for person with SUDs.	Outpatient drug treatment is provided by public mental health centers, private medical institutions, and Centers for Addictive Disorders. In 2011, public institutions and NGOs implemented programs to help those discharged from prison reintegrate into the community. The programs were funded by the state budget and EU funds.[1016] NGOs also fund harm reduction programs consisting of needle exchanges, counseling, and health educational materials.[1017]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td>X</td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> The ATIs in operation are suspension of a sentence and drug treatment.[1018] Probation is applied to individuals by maintaining supervision over the person and providing social support.[1019]	The major barrier impeding the development of ATIs for persons with SUDs is that the legislation was recently changed to imprison more people for drug-related crimes. Before the legislation was changed, punishments for such crimes were not as severe as they are now. Lithuania has seen an increase of the prison population and an increase in spending for incarceration efforts. Possession of a small quantity of drugs is punishable by up to two years in prison. ATIs seem to only be implemented in

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alcohol, narcotic, psychotropic or other psychoactive substances shall not be released from criminal liability. 2. A person who committed a misdemeanor, a negligent or minor or less serious premeditated crime because of intoxication against his will and hence lacked a capacity sufficient to fully appreciate the dangerous nature of the criminal act or to control his behavior at the time of his conduct shall be released from criminal liability. 3. A person who has committed a serious or a grave crime under the conditions indicated in paragraph 2 of this Article shall be held liable under a criminal law, however the penalty imposed upon him may be commuted under Article 59 of this Code."[1012] Consumption of drugs is an administrative				However, the court may order treatment without consent, "for offences committed under intoxication, and may be used to impose 'protective' measures, protecting either the individual or the general population."[1020]	specific scenarios where the individual in question previously had no prior criminal record and is therefore not deemed as a threat to society.

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offense punishable by a fine while possession and intent to distribute is a criminal offense punishable by community service, restriction of liberty, or arrest. Possessing a small number of drugs is punishable by up to 2 years of imprisonment.[1013]					

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> In the Criminal Code, Article 90 states "If by setting the punishment of imprisonment for up to 5 years for crimes committed with intent and up to 7 years for crimes committed by imprudence, the court, taking into account the circumstances of the case and the personality of the guilty person, comes to the conclusion that it is not rational for the guilty person to execute the set punishment, it may decide to conditionally suspend the execution of the punishment applied to the guilty person and shall by all means indicate in the decision the reasons for conviction with conditional suspension of the execution of the	The national drug strategy did not specifically mention the development of ATIs for persons with SUDs. The recently launched 2021-2024 Action Plan for the Republic of Moldova includes initiatives to reform the prison system including the further development of ATIs. The COVID-19 pandemic has raised awareness of human rights issues within the prison system, so this action plan aims to promote ATIs for individuals involved with the criminal justice system. The action plan does not specify if this would include persons with SUDs, instead it is just a general goal.[1023]	The public is reluctant to support ATIs since the mass-media portrays persons with SUDs in a vindictive nature.[1024]	A community justice center was developed at the initiative of the Institute of Penal Reforms in Ungheni to provide services for convicted people and ex-convicts.[1025] Seven public healthcare facilities and one private health care institution provide treatment of detoxification. NGOs provide residential reintegration and resocialization activities for persons with SUDs.[1026] On November 29, 2017 a first of its kind therapeutic community was opened in Pruncul prison funded by the EU. This project consists of funding prison staff and social workers to help prisoners overcome their drug dependency	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td>X</td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td>X</td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> The ATIs in operation are probation, criminal mediation, and community service. There is not much information provided in regard to criminal mediation and community service. Probation works during	The major barrier in developing ATIs for persons with SUDs is that the current ATIs in place are still centered around control of the court. The court forces the individual into treatment and then decides whether the individual has benefited and when they can leave the treatment facility. If there was a voluntary option for treatment, it might motivate individuals to decide to get help on their own rather than being told what they have to do and for how long. ATIs of criminal mediation and community service are mentioned to be implemented in Moldova but there it not a lot of

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punishment as well as the probation period. In this case, the court shall order the exemption from the punishment applied if during the set probation period the 41 convicts do not commit a new crime and through good behavior and honest work justifies the credence given to him/her. Control over the behavior of convicts granted conditional suspension of the execution of punishment shall be exerted by competent bodies while control over the behavior of service persons shall be exerted by the respective military command. (2) The probation period shall be set by the court within the limit of 1 to 5 years. When granting conviction with a conditional suspension of the execution of punishment, the court may require that the convict: undergo certain treatment for addiction to alcohol, drugs, toxic			and improve human rights in prison.[1027]	the pre-sentencing and sentencing stage of the penal process.[1028]	information about these methods which may be a sign of lack of implementation.

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substances, or for a venereal disease." Article 103 states that if the crime is committed by an individual with SUDs, then the court may order forced treatment along with the punishment of the crime. The termination of the treatment is ordered by the recommendation of the court.[1021] Probation cannot be an ATI for persons with SUDs for crimes that carry a five-year prison sentence. [1022]					

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Personal use of drugs is “regulated by the Law on the Prevention of Drug Abuse.”[1029]

Personal drug use is not sanctioned by the Criminal Code of Montenegro, nor is drug possession for personal consumption. If the offense referred to in paragraph 1 is committed with the use of narcotic drugs of a lesser quantity, the perpetrator shall be imprisoned for a period of between 6 months and 3 years.[1030]

Use, possession of drugs for personal use, “as well as cultivating drugs for personal use, is a misdemeanor offense, punishable by a fine of EUR 30–2,000 that may be replaced with up to 30</td>
<td>No, there is no national drug control strategy that allows for the development of ATIs for persons with SUDs. The latest document expired in 2013.

Currently Montenegro is “under the national legal framework, in compliance with the EU regulations to prevent drug use, other treatment, measures for rehabilitation, social services and programs to address the social problems related to drug use and monitoring of drug consumption.”[1034]</td>
<td>No information on public opinion support for ATIs for persons with SUDs.</td>
<td>The professional drug treatment community consists of “inpatient medical detoxification, outpatient medical detoxification, and outpatient abstinence-oriented treatment substitution maintenance therapy of opioid dependence.”[1035]

The operational system is warning for new psychoactive drugs in order to have effectiveness.

Treatments are carried out by health professionals and psychiatric treatment occurs with confinement in a medical institution.</td>
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</table>

Although Montenegro does not allow the ATIs for persons with SUDs, there are various sanctions that can be applied before incarceration.</td>
<td>In Montenegro, people that are dependent on drugs are largely misunderstood and discriminated against.

People who committed offenses reflecting a drug dependency will be given the opportunity to begin healing and a new life.

The barriers to implementation include a lack of overall funding, across multiple governmental budgets.

There is a lack of interest in communication between politicians and NGOs. The non-governmental sector still has great difficultly claiming the status of an equal partner in drug</td>
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days in prison (Law on Combating Drugs Abuse, art 52); before the law changed in 2011 this was not punishable."[1031] "There is no system of alternative sanctions for criminal offenders in Montenegro."[1032] "Enabling drug use is prosecuted in a lower court, which is then punishable by a sentence of six months to five years, though this can also be substituted by probation (Criminal Code, Art 301)." "According to the draft law on ATIs, sanctions on prisoners whose offenses are related to drug use could be put on probation. They would be referred to institutions and organizations involved in drug dependence treatment (such as NGO 4 Life)."[1033]				Montenegro employs non-custodial sanctions, suspension, pretrial and postponement and probation.	policy/treatment reforms. The civil sector lacks the will to tackle these problems, as there are no powerful NGOs or other groups that would criticize state politicians for their insufficient work and apply pressure for change. "Political apathy and the overall mistrust of the populations are reflected in weak support to new ideas and lawful solutions."[1036] There also is a lack of "necessary expertise" in drug related topics portrayed by the media and their limitations so the need for rising awareness of SUDs as a relapsing disease that affect the brain. Social reintegration programs are almost absent."[1037]

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					Qualitative and quantitative research methods to gather data on drug-usage patterns, links between social exclusion and drug use, barriers to drug service access and uptake, and the successes and failures of drug services in attracting BME drug users."[1038]

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<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> Drug usage in a public place is a misdemeanor, punishable by a fine of EUR 200–500 (Law on misdemeanors against public order and peace, Art 20). Possession for personal use, a legal entity may be fined EUR 15,000 to 30, 000 denars if there is possession of narcotic drugs, psychotropic substances or plants that can be used to get narcotic drugs; as the law does not specify a penalty for individuals, but this may change in the near future. According to the provisions of the Criminal Code, possession for personal use is not sanctioned. This is in accordance	No, there no national drug control strategy that allows for the development of ATIs for persons with SUDs.[1041] The most recent document expired in 2020.	No information on public opinion for ATIs for persons with SUDs. Individuals with SUDs have always been marginalized and rejected by society. Always on the bottom rung and perceived mostly as dangerous criminals, persons with SUDs are associated with filth, rather than people in need of assistance and treatment. Traditional and conservative society seems to still be in the past century, applying the theory of labelling to these individuals. Although the theory primarily refers to perpetrators of criminal offenses,	The professional drug treatment community consists of inpatient and outpatient mental health care institutions. The treatment is mostly rehabilitation programming administered by professional medical staff. Opportunities for “drug dependence treatment programmes are limited, especially because the programmes’ opening hours are often incompatible with the habits and needs of patients, but also because treatment programmes can be a long way away from patients’ homes, which creates additional costs for transport.” Unfortunately, treatment is depleted after medication/ substitute is administered without any psycho-social	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> There are no ATIs for persons with SUDs in operation currently.	Health care inequalities are present in North Macedonia and access to health care for people living in remote areas, people living with HIV/AIDS, and people who use drugs is a barrier for the development of ATIs. Additional drug related crime data is needed from the National Drugs Observatory to identify the needs of those with SUDs involved with the criminal justice system. There needs to be more treatment available and to those especially in rural areas.[1047] Although North Macedonia has decriminalized the

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with the Supreme Court decision from 1993 which states that mere possession without intention to sell is not considered a crime. It is possible to have an alternative measure such as an ATI. For these use-related offenses, there is no specified variation of penalty by drug, dependency, or recidivism, but according to the general rules for punishment, recidivism should be considered as an aggravating circumstance."[1039] In February 2014, Macedonian authorities introduced a new paragraph in Article 215 of the Criminal Code, which applied to minor forms of the criminal offenses outlined under Article 215. This causes additional problems because it has created a legal vacuum - neither Article 215 nor		followed by the motto "Once a criminal, always a criminal," the same theory and motto, only in a slightly altered form, is applied by our society to these individuals. But we are talking about an ADDICT, in other words, a person addicted to another substance, and this addiction cannot be controlled this individual is ill and requires help.[1042]	support, which is considered essential to the treatment, in addition to the resocialization process of the patients."[1043] "Guidelines on providing health care when administering Methadone for Opiate Dependence Treatment (OST) are aligned with NIDA principles of treatment and WHO guidelines for provision of OST. The key elements are concrete goals for medical examinations; criteria for inclusion on the methadone programme; therapeutic plan and purpose; and other practical issues, including dosages and treatment schemes of how OST should be carried out."[1044]	There is "no special provision for the treatment of dependence among pregnant women and minors, despite the fact that their treatment was proposed in the National Drugs Strategy."[1045] The activities of rehabilitation centres "is not sufficient to deal with this battle. The issue requires a broader spectre of experts, namely a psychologist, psychiatrist, pedagogue, in other words a certain type of an observational centre, a team of people working with the drug addict before the individual is placed in an institution. Their goal would be to profile the individuals, study their character, actions, and find out the most important information – why this specific individual has developed a problematic substance use and how it affects their quality of life."[1046]	possession of drugs for personal use, there are still many anomalies in the related regulations. There is a need for appropriate distinctions to be made in the law, so that drug-use is treated as a misdemeanor and enabling the use of drugs is treated as a felony. There is a need to formalize articles 215, 216, and 217, from Chapter 21 of the Criminal Code, in order to define 'small' amounts of drugs and make the proper distinction between misdemeanor offenses and felonies. The precise provisions should clearly distinguish between people who possess and produce drugs for sale, and those who possess

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Article 122 of the Criminal Code (which clarifies the terms used in the law) describe a quantity. The "small amount," is not defined.[1040]					and produce drugs for personal use. ATIs for drug-related offenses should be employed more frequently. Although in some cities there has been improvement in police practices, and the attitude of the police towards people who use drugs, at a national level those changes are insufficient, and there is a need for practices to change.[1048]

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The Act on Counteracting Drug Addiction of July 29, 2005, regulates drug possession and supply.

In 2011, the Act was amended to include the following: “Article 62(a) gives the prosecutor and the judge the option to discontinue criminal procedures if individuals are caught in possession of small amounts of narcotic drugs or psychotropic substances for private use.”

However, the court may decide to sentence a drug user to undergo treatment, in accordance with the principle of ‘treat rather than punish.’
</td>
<td>No current national drug control strategy exists.

The most recent national drug control strategy was the 2016 National Health Program which aimed to take “a comprehensive approach to public health issues and functions as the national drug and drug addiction strategy.

Its second objective defines the scope of the strategy as ‘prevention and problem solving in relation to substance use, behavioral addictions and other risky behaviors.”

The National Programme for Counteracting Drug Addiction focused on prevention, treatment, supply reduction, international</td>
<td>Poland had previously passed a restrictive law in 2005 that allowed people to be charged for possession or the distribution of any amount of illegal substance.

Since then, this law has been amended, and the public supports the new measures of ATIs for persons with SUDs.

Young individuals under the age of 18 are most likely in Poland to become addicted to illegal substances, which is why there was a push for ATIs to support adolescents.[1051]</td>
<td>Drug services in Poland are integrated with mental health care.

Implementing drug treatment if the responsibility of communities and provinces where providers sign contracts with the National Health Fund (NHF).

In territories where there are no specialized drug treatment services, treatment is delivered by mental health counseling and alcohol rehabilitation centers.

NGOs mainly fund outpatient and inpatient drug treatment with some being funded by public services or private providers.</td>
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The ATIs in operation are Suspension of a Sentence/Prosecution, Suspension of Investigation, and Parole/Early Release which are known as Suspension of Investigation (with the intent for the individual involved with the</td>
<td>A major barrier impeding the development of ATIs for persons with SUDs is the lack of knowledge among judges/prosecutors to employ them.

An expert in criminology in Poland highlighted that “a performance culture operated in the Polish prosecution system, which is organised in a hierarchical structure.”

This reportedly means that supervisors have significant influence over subordinates, allowing them little discretion…’having too many suspended investigations is often considered by the superiors to be a proof that a given prosecutor is inefficient, and may bring for him/her negative consequences.”

Therefore, the use of ATIs is curtailed.</td>
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Article 72 allows proceedings to be suspended while an offender is in treatment, and Article 73(a) allows for breaks in a sentence while an individual is in treatment."[1049]	cooperation, and research.[1050] It did not specifically mention the development of ATIs for persons with SUDs.		NGOs also implement post-rehabilitation programs that are subsidized by the state budget and resources from local authorities.[1052]	criminal justice system to attend therapy). An assessment as to whether an individual is eligible for rehabilitative treatment is made by a single court-appointed expert or specialist court staff.[1053]	The lack of awareness and knowledge among judges and prosecutors that ATIs are available results in their limited use.[1054] The lack of training makes it more difficult to provide treatment for persons with SUDs since it is ultimately up to the individual involved with the criminal justice to decide if they want to take part in joining a treatment facility. If judges/prosecutors were more educated in these decisions, then they would be able to have an influence and know that they can provide these ATI treatment options for persons with SUDs. The programs currently in place tend to focus more on prevention and less on rehabilitation of persons with SUDs. This is partially the reason as that explains why there are any ATIs other than suspension of the investigation/prosecution.

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Use of drugs is prohibited, but punishment is not specified. Under Law 143/2000, Art. 22 (1), the person who unlawfully uses controlled drugs can be included, upon his/her request, in an integrated care program for drug users. Law 143/2000, art.22 (2).[1055] Treatment is allowed as an ATI if it is referred by a law enforcement agency. “The increase in cannabis treatment demands might be largely attributable to the initiation of the procedure that allows treatment to be offered as an alternative to imprisonment for certain	No, there is no national drug control strategy that allows for the development of ATIs for persons with SUDs.[1060] The most recent document, though it did not include goals for ATI development, recently expired in 2019.	There are mixed opinions around sentencing, with a leaning towards a punitive approach, but there is still support for restorative justice and non-custodial penalties around juvenile offences.[1061] In a 2011 report on youth attitudes to drugs in the EU, half of Romanian respondents (46%) chose information and prevention campaigns as one of the most effective ways of reducing drug problems; 33% preferred treatment and rehabilitation of those involved with the criminal justice system with SUDs. Tough measures against drug users were a valuable way of dealing with drug problems by 50% of	The National Anti-Drug Agency is charged with the implementation of the National Program for Prevention and Medical, Psychological and Social Support for Drug Users. These programs which direct funding for clean injecting equipment and other harm reduction paraphernalia, rapid tests for Human Immunodeficiency Virus (HIV) and Hepatitis C virus (HCV) infections, and information materials.[1063] The drug treatment community is funded from the public budget and is therefore free of charge for patients. Outpatient drug treatment is provided through the National Anti-Drug Agency (NAA), which is a network of drug	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td>X</td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td>X</td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> An individual involved with the criminal justice system with a SUD, convicted of any of drug use or possession can avoid punishment by agreeing	Decision-maker beliefs and practices are barriers that impede the development of ATIs for persons with SUDs. Administrative factors, legislative factors, and contextual factors were reported to be facilitators of the use of ATIs in some instances (e.g., less restrictive legislative terms, such as increasing the number of offences eligible to receive an ACS), and barriers in other cases (e.g., reducing the number of offences eligible to receive an ACS). Experts often reported multiple factors that worked in combination to inhibit or facilitate use.

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categories of offenders."[1056] Establishing the diagnosis of addiction of the drug-using offender is made in a treatment center by court-appointed experts or specialist court staff."[1057] Two types of ATIs exist in Romania: Drug treatment and the suspension of sentence for ATI is known as postponement of the penalty."[1058] New penal codes introduced in February 2014 have introduced fines (still a criminal offense but used as an ATI) and community service.[1059]		respondents. It should be noted that out of the 27 countries in this survey, Romanian youth leaned towards the total ban of Cocaine, Heroin, Ecstasy, and Cannabis.[1062]	prevention, evaluation, and counselling centers. In some regional centers, addiction integrated care centers (private or non-governmental organization (NGO) based). Inpatient treatment system network consists of detoxification units in hospitals under the Ministry of Health and therapeutic communities run by NGOs.[1064] Opioid substitution treatment (OST) is provided in nine of the Ministry of Health hospitals and three drug prevention, evaluation and counselling centers exists in Bucharest (NAA). These programs are also present in prisons. Additionally, three private providers and one NGO provide OST.[1065] Three therapeutic communities are available in prisons in	to attend an integrated assistance program: consent of the drug user is a prerequisite for inclusion in the program.[1069] Other ATIs include serving a sentence of work/labor and suspended sentence.[1070] Admission into a medical facility is a provision under Art.131– (1). "When the perpetrator is mentally ill or a drug addict and he/she is in a state that represents danger to society, the measure of admission into a specialized medical institute can be taken, until the person regains health. (2) This measure can be taken provisionally also during criminal prosecution or trial. (3) The person hospitalized who leaves the institute without leave shall be obliged with support from police bodies to return to the institute, if the law does not provide otherwise."[1071] "Treatment-related objectives in the National Drugs Strategy 2013-20 and the related Action Plan place an emphasis on diversification of treatment	"For example, judges may prefer to issue a suspended sentence both because it was believed to lessen burden on the criminal justice system and because of wider cultural practices that acknowledge drug addiction as a health issue."[1073] The prejudices against SUDs exacerbate the current logistical barriers to developing ATIs for persons with SUDs. There is a lack of research into drug related crime data, prevention measures, and ATIs for drug offenses and crime that reflects a SUD.

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			Romania, and over 600 prisoners completed the Therapeutic Community Program in 2017. A substantial increase in the provision of drug-related interventions was reported compared with 2017, both OST and therapeutic communities.[1066] The professional drug treatment community in Romania consists of both inpatient and outpatient treatment. The most effective programs are a duration of 30-, 60-, or 90-day programs. "A drug user who is convicted of any of these offences can avoid prison by agreeing to attend an integrated assistance program; the consent of the drug user is a prerequisite for inclusion in such a program. This has been enabled by, and is	access points and treatment programs in Romania. In general, drug treatment is funded from the public budget, and, as such, is free of charge for clients. In Romania, outpatient drug treatment is provided through a network of Drug Prevention, Evaluation and Counselling Centers. In some regions of the country, they are complemented by Addiction Integrated Care Centers (private or NGO based) and Mental Health Centers under the Ministry of Health (MoH). The inpatient treatment system network consists of detoxification units in MoH hospitals and therapeutic communities run by NGOs."[1072]	

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			clearly defined in, the new Criminal Code."[1067] "Law 143/2000, Article 19: The mechanisms of suspending proceedings against problem drug users can be applied only for offences of use or possession of drugs for personal use."[1068]		

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In the Criminal Code Article 82.1, Deferral of Punishment for Drug Addicts, outlines the laws allowing for ATI for persons with SUDs and the stipulations that exist: A first-time offender who wishes to undergo voluntary drug treatment and pass medical-social rehabilitation then “the court may defer serving punishment in the form of deprivation of liberty pending the end of treatment and medical-social rehabilitation but at most for five years”. The court may overturn this deferral of punishment is treatment is refused or evaded. The individual is relieved of punishment if they are cured of their addiction and pass the
</td>
<td>No current national drug control strategy exists. In 2017, The Ministry of Health sponsored a conference for narcologists, and the resolution was to form a system of social pressure onto people who use psychoactive substances and create a “legal “motivation” for treatment and rehabilitation as an alternative to administrative and criminal liability for people committing drug crimes.”[1076]</td>
<td>No information on public opinion support for ATI for persons with SUDs.</td>
<td>According to the International Society of Substance Use Professionals (ISSUP), drug treatment professionals include Addictologists/ Narcologists, psychiatrists, and addiction counsellors. Inpatient and outpatient detoxification services assist individuals with drug misuse. There are also special treatment services provided to those with HIV and drug use disorders. Persons with SUDs who are opioid dependent are also able to receive pharmacotherapy. NGOs also support drug treatment services.[1077]

Drug treatment programs in Russia begin with detoxification for approximately seven days, followed by rehabilitation. The</td>
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The ATI in operation is voluntary drug treatment.

Aside from voluntary drug treatment, there is a form of compulsory treatment by referral from the criminal justice system, family or law
</td>
<td>The major barrier impeding the development of ATIs for persons with SUDs is that the current forms of ATIs force people to go into rehabilitation facilities and the outcomes are not effective. Over the years the national drug policy and the legislation support these types of processes for persons with SUDs, so there would have to be a shift in the views of the government and healthcare providers to create ATIs more suitable for actually helping individuals with substance use disorders.</td>
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medical-social rehabilitation.[1074] In 2013-2014, federal laws were amended to establish compulsory drug treatment. The amendments allow law enforcement to coerce persons with SUDs to undergo medical treatment and rehabilitation. Those who commit minor crimes or drug-related administrative offences receive "up to 30 days of imprisonment for evasion of court-imposed drug treatment or rehabilitation and require drug treatment and rehabilitation organizations to report to police those patients who do not fulfill court-imposed treatment or rehabilitation orders."[1075]			process of enrolling in narcology treatment is not often wanted by individuals who need the help since for example, they may have their driver's license revoked and may be unable to apply for a license up to 5 years after treatment. Regarding pharmaceutical treatment of opiate addiction, opioid antagonist naltrexone is available as short-term, oral form, long-acting injections, and implants.[1078] A study determining the effectiveness of naltrexone as a treatment option for opioid use was conducted in thirteen addiction treatment programs from 2008-2009.[1079] A treatment facility for which information was available is the Marshak Clinic that has been in operation since 1997. Drug addiction	enforcement can forcibly commit persons with SUDs. This treatment program is described as, "many patients will be forced to detoxify from the drugs in isolation, without medical treatment and with brutal restrictions. The aim of the treatments is to toughen an addict against abusing drugs and to rid the body of the substance. This means that a person will be forced to detoxify, forced to go through a time of being quarantined away from friends and family and to be made to perform menial tasks and exercise without support. Patients are usually fed a diet low in nutritional value and forced to have no contact with the outside world. Essentially, rehabilitation is a prison sentence until they are completely clean."[1086]	

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			treatment starts with medical/psychological examinations, detoxification, intensive therapy in individual programs, and finally rehabilitation. Inpatient and outpatient rehabilitation is offered.[1080] The International Narcotics Control Board (INCB) report for 2020 found that Russia has "…significantly improved and extended its system of drug use treatment, which is available in all parts of the country and in prison facilities".[1081] City Without Drugs is an NGO established to work in drug prevention and rehabilitation. The organization had an aggressive strategy and is "one of the most infamous providers of treatment for drug addicts within Russia.		

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			It is known to brutally treat patients including handcuffing patients to beds, holding them against their will and not giving appropriate medical attention to drug abusers".[1082] The program is not officially institutionalized and is financed through undisclosed private donations.[1083] Persons with SUDs in Russia are required to register with the authorities for addiction treatment.[1084] Treatment is an unattractive option for most persons with SUDs since there is a lack of evidence-based success of the treatment. As a result of this, "Medical statistics reveal the declining number of patients seeking medical treatment with state and municipal drug treatment clinics, at a time when there is an increasing number of people who use or		

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			depend on drugs. Because of this, doctors have little choice but to resort to the use of coercion to force—and retain—patients in treatment. By exploiting punitive drug policy and drug treatment approaches, narcologists are able to ensure the inflow and retention of patients."[1085]		

Serbia

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Drug use is not punishable in Serbia. Possession for personal use in small quantities is "punishable by up to three years in prison," but punishment may be remitted in minor cases (Criminal Code, Art 246a). It was reported at the meeting between the Ministry of the Interior and the Department of Drugs with the Ministry of Health, that this offense may soon revert once again to being classed as a misdemeanor in the Law on Peace and Order, rather than a crime, as its classification as a crime has not had the desired effect of allowing police	Yes, there is a national drug control strategy that allows for the development of ATIs for persons with SUDs. The most recent one, which is a currently active plan applies to 2014-2021.	"Drug users face social discrimination in Serbia."[1088]	The professional drug treatment community in Serbia is almost 60% outpatient treatment, while first time users receive inpatient treatment with psychiatric care. Treatment services exist in 6 therapeutic communities and are provided by churches.[1089] In Serbia, drug treatment is available "in the form of diagnostic and therapeutic consultations and counselling; inpatient and outpatient withdrawal treatment; relapse prevention with pharmacotherapy or drug-free; opiate substitution treatment (OST); and individual, group and family psychotherapy and psychosocial support and integration."	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td>X</td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Article 83 (Compulsory Drug Addiction Treatment) regulates compulsory treatment for individuals involved with the	The barriers impeding the development of ATIs for persons with SUDs include but are not limited to "non supportive public sector funds, but also in the non-supportive society for persons with SUDs to re-integrate into society." "Discrimination is one of the problems while the limitation of preventive programs faces problem in measurement, and regulation. In evaluation of the strategy in drug demand reduction (prevention, treatment, reintegration and harm reduction)." There is also a lack of by-law regulations in prevention,

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to get information about the supply chain."[1087]			SUD treatment is provided at all three healthcare levels. Tertiary healthcare facilities are in the four largest cities in Serbia (Belgrade, Nis, Novi Sad and Kragujevac). Voluntary and confidential counselling and testing for HIV and Hepatitis C for all newly admitted patients is also provided. Individual and group counselling for high-risk behavior, HIV, HCV and overdosing were all implemented in the healthcare provisions present in penal institutions. Methadone substitution therapy can be administered in penal institutions for individuals with opiate dependencies. With the support of the Mission of the OSCE, drug-free units were	criminal justice system due to a SUD. "Compulsory treatment shall be carried out in a penitentiary institution or in an appropriate medical or other specialized institution for maximum of three years. Some provisions of the Criminal Code (mainly regarding the possession of small quantities of drugs for personal use) are reported to be an impediment for effective delivery of harm reduction services to active drug users."[1091]	reintegration, and data collection on demand reduction activities. There is a lack of special social reintegration programming for people with SUDs and a lack of specialized treatment centers for minors with SUDs and behavioral problems. There is also insufficient coverage of substitution treatment options as well as prevention efforts. Serbia faces a lack of standards for services provided by the public sector. Legislative barriers exist in the area of harm reduction. Limited resources and funding from the national budget for local programming is

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			opened at two penal correctional institutions: in Nis and the Special Prison Hospital in Belgrade."[1090] There is a lack of harm reduction measures in prisons and consequently there is a high number of those treated for HCV from injectable drug use.		another barrier impeding the development of ATIs for persons with SUDs. The legal framework as well as insufficient coordination between relevant drug treatment actors, law enforcement and the judiciary is another barrier.

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Section 171 of the Penal Code establishes the punishments for personal possession of drugs. Penalties including home imprisonment and community service may be implemented but immediate imprisonment is the ultimate measure. In 2013, "... the minimum sentence was reduced from 4 to 3 years to enable sentencing involving alternatives to prison."[1092]	No current national drug control strategy exists. The most recent national drug strategy is known as Slovakia's National Anti-Drug Strategy 2013-20 which addressed illicit drug problems involving demand reduction, supply reduction, coordination, international cooperation, and research.[1093] It did not specifically mention the development of ATIs for persons with SUDs.	No information on public opinion support for ATIs for persons with SUDs.	The Ministry of Health implements drug treatment and is responsible for methodological guidelines. The Ministry of Labor, Social Affairs, and Family provides social reintegration and aftercare for children and young-adults with drug-related problems. The Ministry of Justice provides drug treatment in prison. Treatment services in Slovakia are linked to mental health services. Outpatient treatment is provided by Centers for the Treatment of Drug Dependencies which are private clinics. Public health insurance fund inpatient and outpatient drug treatment.	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td>X</td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> The ATIs in operation are: 1) suspension of investigation/prosecution known as Waiver of Punishment and Condition Waiver of Prosecution. 2) suspension of sentence known as Suspended Imprisonment Sentence for a	The major barrier impeding the development of ATIs for persons with SUDs is that the main ATI used is compulsory treatment. A Slovakian expert believes that this ATI is not suitable for persons with SUDs involved with the criminal justice system as there is a lack of motivation to take part in the treatment and complete it. There are also long wait times for individuals to undergo treatment. They are sometimes in custody for a year before they can enter the treatment program.[1098] To implement new ATIs, the current ATI programs need

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			Voluntary and mandatory drug treatment is available in prisons. Mandatory drug treatment, "is preceded by a medical examination, which includes tests for blood-borne infectious diseases. Around one quarter of prisoners registered as drug users are undergoing mandatory drug treatment."[1094] An NGO known as Odysseus is implemented to create harm reduction through programs of counseling, social assistance, community involvement, neighborhood cleanup, and needle syringe programs.[1095]	probationary period and suspended imprisonment sentence for a probationary period with supervision. 3) drug treatment known as Compulsory Treatment. The explanation of Compulsory Treatment is, "treatment ordered by the court based on an assessment by an expert. Compulsory treatment can be imposed by the court separately, alongside a sentence or waiver of punishment. Compulsory treatment is not a punishment but a "Protective Measure." The compulsory treatment can be carried out in prison or at liberty in medical establishments or as an outpatient or hospitalized patient. Compulsory treatment shall be provided for as long as it is required for the attainment of its purpose. Compulsory treatment is imposed on an individual involved with the criminal	to be revamped for there to be success in assisting persons with SUDs with evidence-based drug treatment practices.

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				justice system who is abusing a habit-forming substance and who commits a criminal offense under the influence or in connection with its abuse. Compulsory treatment may be discontinued if it becomes evident during the treatment that its purpose may not be fulfilled. The decision on discharging the person from protective treatment shall be taken by the court.[1096] An assessment as to whether the individual involved with the criminal justice system is eligible for rehabilitative treatment is made by a pair of court-appointed experts or specialist court staff. Treatment without consent is used by the court for offenses that were committed and may require protective measures of either the offender or the general population.[1097]	

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Under Article 33 of the Production and Trade in Illicit Drugs Act, possession of an illicit drug is a minor offense. Individuals who voluntarily enter treatment for drug use approved by the Health Council at the Ministry of Health or by the Council for Drugs at the Ministry of Labor may receive a more lenient punishment. In 2011, the Criminal Code was amended and "the facilitation of illicit drug use has not been punishable if it is in the context of a drug treatment programme or if it involves the controlled use of drugs that conforms to the relevant law and is	No current national drug control strategy exists. The most recent national drug control strategy was Slovenia's National Programme on Illicit Drugs 2014-20 which focused on reducing harm to individuals caused by illicit drug use through strategies of information systems, drug demand reduction, supply reduction, international cooperation, coordination, and research.[1101] The national drug control strategy did not specifically mention the development of ATIs for persons with SUDs.	Public opinion in Slovenia has been known to attribute mental abnormality to unusual and dangerous delinquent people.[1102] Some members of the public may attribute such viewpoints towards persons with SUDs.	Drug treatment is the responsibility of the country on a national level and is provided by various health/social care systems and civil society organizations. The Health Insurance Institute of Slovenia funds SUD treatment in the health sector and it is free of charge to the patient. Treatment programs for the social care system are funded by the Ministry of Labor, Family, Social Affairs, and Equal Opportunities. Outpatient and inpatient treatment are provided by the network of public Centers for the Prevention and Treatment of Illicit Drug Addiction and from the Centre for the Treatment of Drug Addiction at the	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> The ATI in operation currently is suspension of a sentence known as Suspended Sentence with Custodial Supervision. The court may require the individual involved with the criminal justice system to	The major barrier impeding the development of ATIs for persons with SUDs is that the current ATI in operation is not implemented for many individuals. Persons with SUDs often wait long durations before they are approved or transferred to a treatment facility. For increased ATIs to be developed, there would have to be a focus on increasing access to drug treatment for persons with SUDs so that more opportunities can be administered to more individuals.

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implemented within the framework or under the supervision of public health authorities."[1099] Article 88, Release on Parole, of the Criminal Code states, "The offender, who has served half of his sentence of imprisonment, may be released from a penal institution under the condition that until the term, for which he was sentenced, has elapsed he does not commit another criminal offence." The court's instructions may include the following tasks to be performed by the offender on parole: to submit himself to a course of medical treatment at an appropriate institution, also treatment of alcohol or drug addiction with his consent."[1100]			Ljubljana Psychiatric Hospital. NGOs fund social welfare programs for treatment communities and non-hospital based residential treatment programs. The Ministry of Health provides treatment in prisons.[1103]	submit to a course of medical treatment at an appropriate institution with consent. The court may suspend the sentence when an individual has been punished to an imprisonment for a term not exceeding two years or by a fine.[1104]	

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<table><tr><td>X</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> Drug possession for personal use (Art. 191), "are considered as acts of crime and are deemed as punishable offenses." Drug possession for personal use is regulated under Article 191 of the Turkish Penal Code. According to subparagraph 1 of Article 191, anyone who purchases, accepts, or possesses illegal drugs for personal use shall be sentenced to prison from 2 years up to 5 years. It is important for the suspects to adhere to the notices to appear before the directorate within the given time, as failure to do so may be deemed as grounds to revoke the probation and postponement decision.	No, there is no national drug policy that implements ATIs for persons with SUDs. The latest one to refer to is the country drug report of 2017.	No information on public opinion for ATIs for persons with SUDs. Prejudices against persons with SUDs is noted in Turkey. Respondents considered drug users to be a "bad influence" on society. Respondents felt that drug users were responsible for problems within their families, due to their violent behavior causing disruption to family and community life as well as influencing and coercing others into drug use."[1107]	Professional drug treatment in Turkey includes both inpatient and outpatient care, although outpatient care is more common. Penal Code 404 provides for treatment and assistance to persons with SUDs involved with the criminal justice system. The Ministry of Health's General Directorate of Curative Services is the national body responsible for the provision of alcohol and drug treatment services through a network of AMATEMs (Alcohol and Drug Abuse Treatment, Education and Research Centres). AMATEMs are in Adana, Denizli, Elazig, Istanbul, Manisa, Samsun and Ankara with an estimated 315 beds available for inpatient drug abuse treatment in these and	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> There are no ATIs for persons with SUDs.	The Turkish government has typically paid more attention to the reduction of drug trafficking over drug use prevention and treatment. There is a lack of political support and funding for relevant NGOs and public sector resources. Turkish drug policies remain mostly "ineffective in responding to drug use, preventing drug trafficking in Turkey, and mitigating the threats it poses. Turkish drug policies today are not effective, comprehensive, or integrated."[1109] To overcome these barriers, revision of the current laws and the creation of new amendments for

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It is also extremely important for those involved with the criminal justice system to strictly adhere to the assignments and probation measures issued by the directorate. Any failure to do so may result in the revoking of the postponement decision and individuals may face jail time following the commencement of a public prosecution. Probation rules are ruled strictly."[1105] "Penalties for possession, use, or trafficking of illegal drugs in Turkey are particularly strict, and those convicted will receive heavy fines and jail sentences between four and twenty years in some cases."[1106]			other psychiatric hospitals in the country."[1108]		treating SUDs in needed. Furthermore, religious ideologies should not prevent laws to be implemented for health issues such as SUDs. Stigmatization of persons with SUDs is another barrier impeding the development of persons with SUDs. A shift in focus from the country's acreage of drug cultivation land to treating those suffering from SUDs is needed in order to develop ATIs.

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> The Ukraine law, "adopted in 1995, does not criminalize drug use, but a user with drug dependence can be fined for avoiding treatment." Provision for compulsory treatment of drug dependence existed in Ukraine until 2001, when the new Criminal Code was introduced. It currently excludes the provision of compulsory drug treatment for persons with SUDs. Free access to drug treatment is a constitutional right of every citizen.[1110] Criminal Law states "A person, who voluntarily applied to a treatment facility and began the treatment of drug addiction, shall be discharged form criminal	No, there is no national drug policy that implements ATIs for persons with SUDs.	No information on public opinion for ATIs for persons with SUDs is available.	"The treatment in Ukraine is in the rehabilitation center in psychiatrist centers, and aid centers."[1114] A new dimension of the problem of drug use and dependency is posed by HIV/AIDS. Understaffed and underfunded public health services offer mainly short-term detoxification treatment, and the limited number of treatment slots for abstinence-oriented treatment is insufficient and unattractive to people who use drugs. The Ukraine's locally produced buprenorphine (in ampoules) has been used as a substitution drug in the treatment of opioid dependence since 1998. Pilot methadone programs are now under consideration in Ukraine.	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> ATIs, "based on criminal code and administrative code are only for the drug users in private spaces. However, it is	Reforms of practical measurement in Ukraine seems to be ineffective. "The implementation approach focuses on treatment while rehabilitation is limited. The barriers remain in isolated measurement rather than focus on productive measurements."[1116] Mistrust felt by the "public in the criminal justice system is due to high levels of crime and increased fear of security."[1117] This prejudice is then applied to persons with SUDs involved with the criminal justice system.

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liability for actions provided for by paragraph 1 of the article 309."[1111] "Judicial practice in Ukraine proves that in certain cases even traces of these drugs in a used syringe or practice injection in the public spaces of the Criminal Code of Ukraine states, that drug substance users could be sentenced to up to three years of imprisonment."[1112] "National Drug policy for drug users declares compulsory hospitalization and treatment of drug using persons for a period of 6 months to 2 years, as well as mandatory regular examinations."[1113]				punishable by the criminal act of drug use in public spaces with three years of imprisonment."[1115]	

Analysis
Team 4: Eastern Europe
Arlinda Xhuveli and Charlotte Drozd

Introduction
Team 4 researched and compiled information of ATIs for persons with SUDs in the region of Eastern Europe.[7] Countries have presented slightly different approaches of implementing alternatives to incarceration (ATIs) for persons with substance use disorders (SUDs). The operation of ATI and whether implementation takes place in a country or not is dependent on factors of legislation, public support, and the drug treatment community. Most countries have implemented ATIs, while a couple of countries still face difficulties integrating new provisions and gaining government support. The development of new strategies of ATIs in Eastern Europe follows the expansion of providing treatment for persons with SUDs, just as other countries in different regions have also developed variations of ATI.

Legal Framework Summary
Most countries within the Eastern European region have laws in place for ATIs for persons with SUDs. There have been recent legal updates to allow for ATIs to be implemented. In 2011, Poland amended the criminal code to allow prosecutors or judges to suspend the case, if the individual was found in possession of a small number of drugs for personal use and the court can sentence the individual to undergo drug treatment. In 2013, Slovakia reduced the minimum sentence from four years to three involving ATI. In 2013-2014, Russia's federal laws were amended to establish compulsory drug treatment. The amendments allow law enforcement to coerce persons with SUDs to undergo medical treatment and rehabilitation. Overall, laws are being updated to include ATIs; however, in 2017 Lithuania increased the punishment for drug related offences and criminalized possession of small quantities of illicit drugs. In addition, some countries' laws restrict the implementation of ATIs or do not mention it at all. For example, Turkey restricts and does not implement ATIs; instead, persons with SUDs are sentenced to prison. Montenegro's laws and national drug strategy do not allow ATIs for persons with SUDs; however, professional drug treatment is provided to the community. Belarus' laws only allow for mandatory treatment in prisons if the crime was committed by a person with SUDs.

Drug Control Strategy/Public Opinion
Public opinion in the region of Eastern Europe varies with some countries showing support for ATIs for persons with SUDs while other countries lean towards incarceration. Public opinion supports ATIs for persons with SUDs in countries such as Estonia and Poland. On the other hand, public opinion is against ATIs for persons with SUDs and discriminatory towards persons with SUDs in countries such as Bulgaria, Lithuania, Latvia, Moldova, Serbia, and Turkey. Many countries including Albania, Belarus, Croatia, Hungary, and

[7] Albania, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Estonia, Georgia, Hungary, Kazakhstan, Kosovo, Latvia, Lithuania, Moldova, Montenegro, North Macedonia, Poland, Romania, Russia, Serbia, Slovakia, Slovenia, Turkey, and Ukraine.

Montenegro lack data, surveys, and research on whether the public supports ATIs for persons with SUDs. National drug control strategies in Bulgaria, Kosovo, Czech Republic, and Lithuania allowed for the development of ATI for persons with SUDs. For Belarus and Moldova, the national drug control strategies did not mention ATIs for SUDs. It was also prevalent that in the expired national drug control strategies for the remaining countries, the development and implementation of ATIs for persons with SUDs was not specifically mentioned.

Drug Treatment Community

The drug treatment system in Eastern Europe is well-rounded with many different treatment opportunities from the private sector, public sector, and NGOs. Drug treatment methods include inpatient treatment, outpatient treatment, and maintenance programs with opiate agonists and methadone. While some treatment methods might be in psychiatric hospitals, others are undertaken by psychologists and the most general method is outpatient control of practitioners to ensure the wellbeing of persons with SUDs. Countries that have been successful in their drug treatment operations and would be able to pilot one of the types of ATI programs are Estonia and Latvia. Azerbaijan also has a small pilot opioid agonist treatment (OAT) program in smaller communities but the country itself does not allow ATIs for persons with SUDs. Countries that need to develop treatment first, before developing ATIs are Russia and Lithuania.

ATIs in operation or under consideration for SUDs

The key ATIs that are being used in the Eastern European region are suspension of sentence to undergo treatment, voluntary treatment, early release, and pardon. Electronic monitoring is under consideration in Estonia and Latvia to allow persons with SUDs to be on house arrest. ATIs are under consideration for SUDs in Bulgaria. Information is not conclusive for Azerbaijan, Georgia, North Macedonia, and Ukraine therefore it is uncertain if ATIs are in operation or under consideration for persons with SUDs. One country that is looking to pilot ATIs is Azerbaijan.

Main Barriers for ATI for SUDs

The main barriers for ATIs for SUDs in Eastern Europe are that measures have been created but they are not implemented fully. Many countries, including Slovakia and Russia, implement compulsory treatment which forces persons with SUDs into treatment. In Moldova, the court decides when and if treatment can be finished. In some countries, including the Czech Republic, the option for treatment is given after the sentence is served. Many persons with SUDs may be discouraged from taking part in the programs after prison. In other countries, it is difficult to implement ATI on a large-scale since there are already long waiting periods to enter treatment facilities. ATIs are not provided equally to marginalized communities in some countries: for example, in Hungary, Roma people have fewer opportunities and in Kazakhstan rural communities do not have access to the same treatment options. Alternatively, legislation has created barriers for implementing ATI for SUDs. For example, in Lithuania, laws were changed to make punishment for drug crimes more severe and punishing drug related crimes have resulted in an increased prison population, whereby ATIs are only available to individuals with good behavior. In Azerbaijan, Belarus, Bulgaria, and Turkey, the laws do not allow for ATI for SUDs. Besides the

discriminatory barriers, many countries in this region also faced lack of governmental support and lack of financial funding. In Montenegro, the lack of professional specialized drug treatment services has been the largest barrier to further expanding ATIs for persons with SUDs. In countries such as Azerbaijan, Latvia, Lithuania, Slovenia and Turkey there is a lack of social support, and the majority of public opinion is not supportive of ATIs. Albania had problems making distinctions between implementations of the legal acts because it does not fully monitor the drug control policies, but the law is lenient and not effective due to the bureaucratic system in the country.

Conclusion

Overall, the region of Eastern Europe is on track to improve ATIs offered for persons with SUDs. There are some inconsistencies with the ATIs in place. Those ATIs need to be refined before new ones are implemented. Considering that many of the countries national drug plans have expired, it will be apparent soon if new strategies will be implemented for ATIs. This change can be a result of the COVID-19 pandemic and the health risks that became apparent in crowded prisons. It is likely that the newly developed national drug plans will adapt to models of diversion and deflection to treatment due to the worldwide circumstances. The continued implementation of ATIs is necessary to provide the treatment needed for persons with SUDs. Forming relationships between the criminal justice sector and the public health sector ensures that non-violent drug related crimes are addressed in an alternative way working to reduce prison overcrowding and stopping recidivism.

MENA
Team 5

JOHN JAY COLLEGE OF CRIMINAL JUSTICE

CUNY The City University of New York

Regional Maps

Figure 1. Do laws allow for ATI for SUDs?

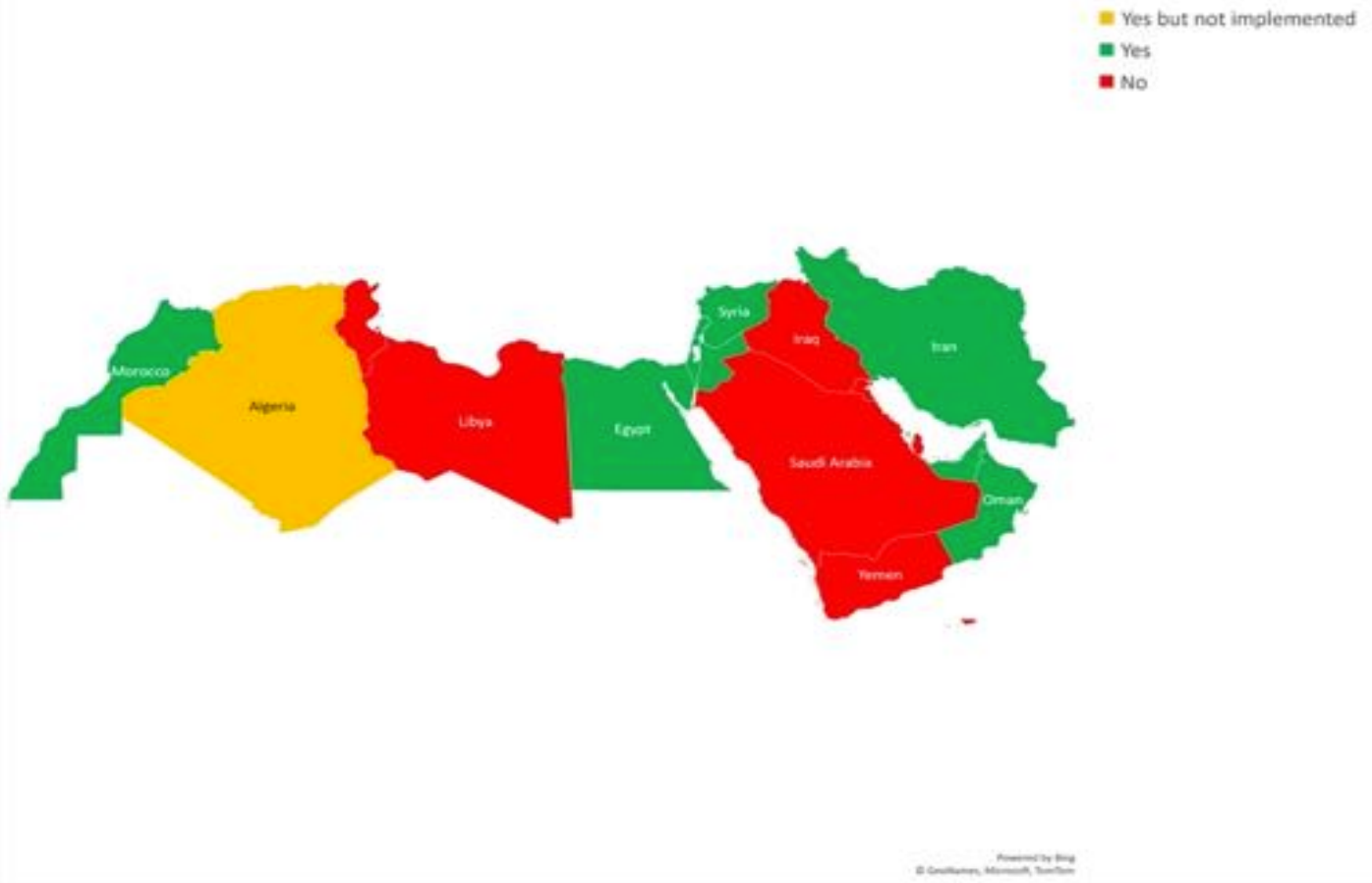


Figure 2. Does national drug control strategy allow for development of ATI for SUDs?

Figure 3. Does public opinion support ATI for SUDs?

Figure 4. What is the nature of the professional drug treatment community?

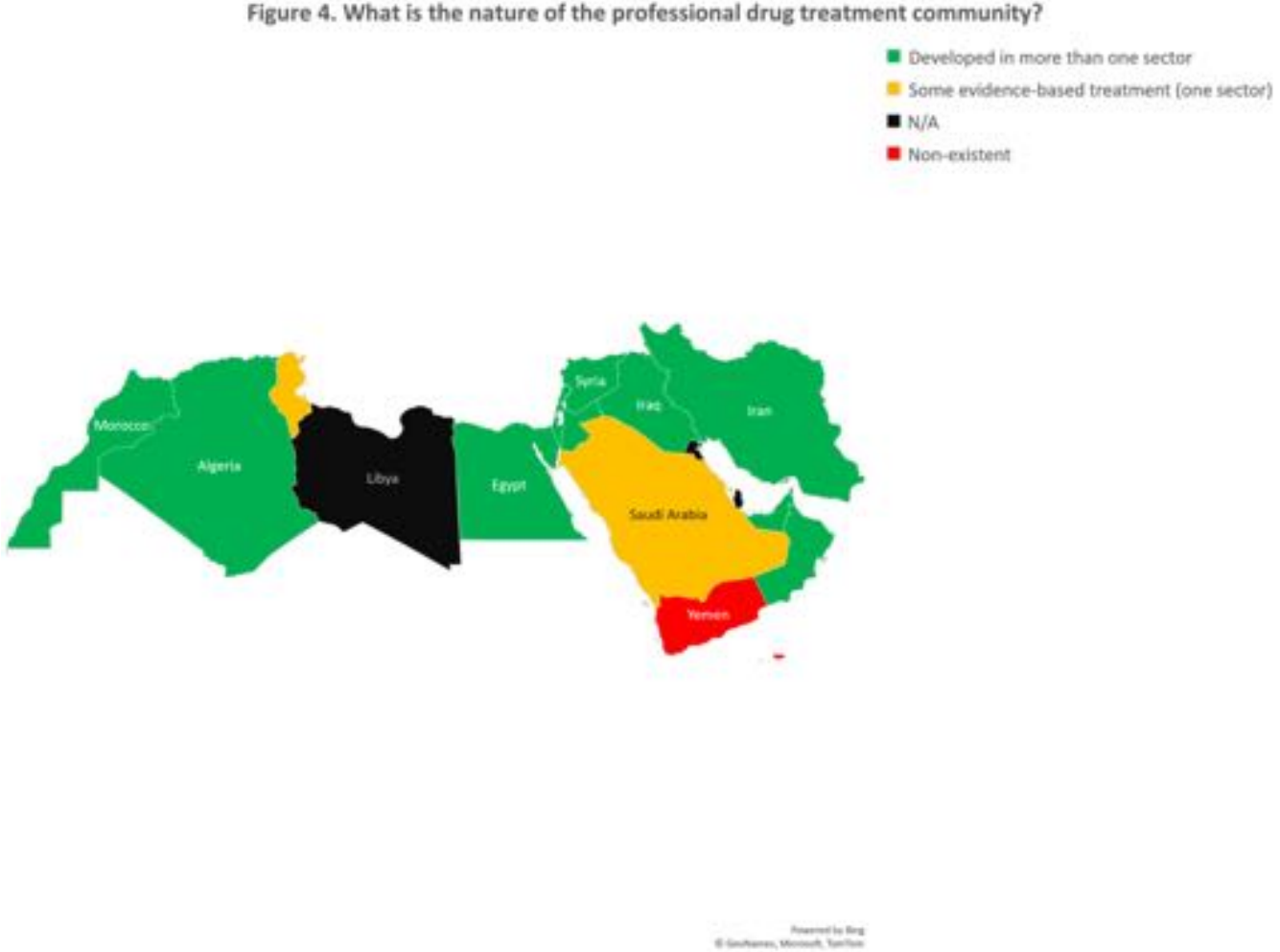
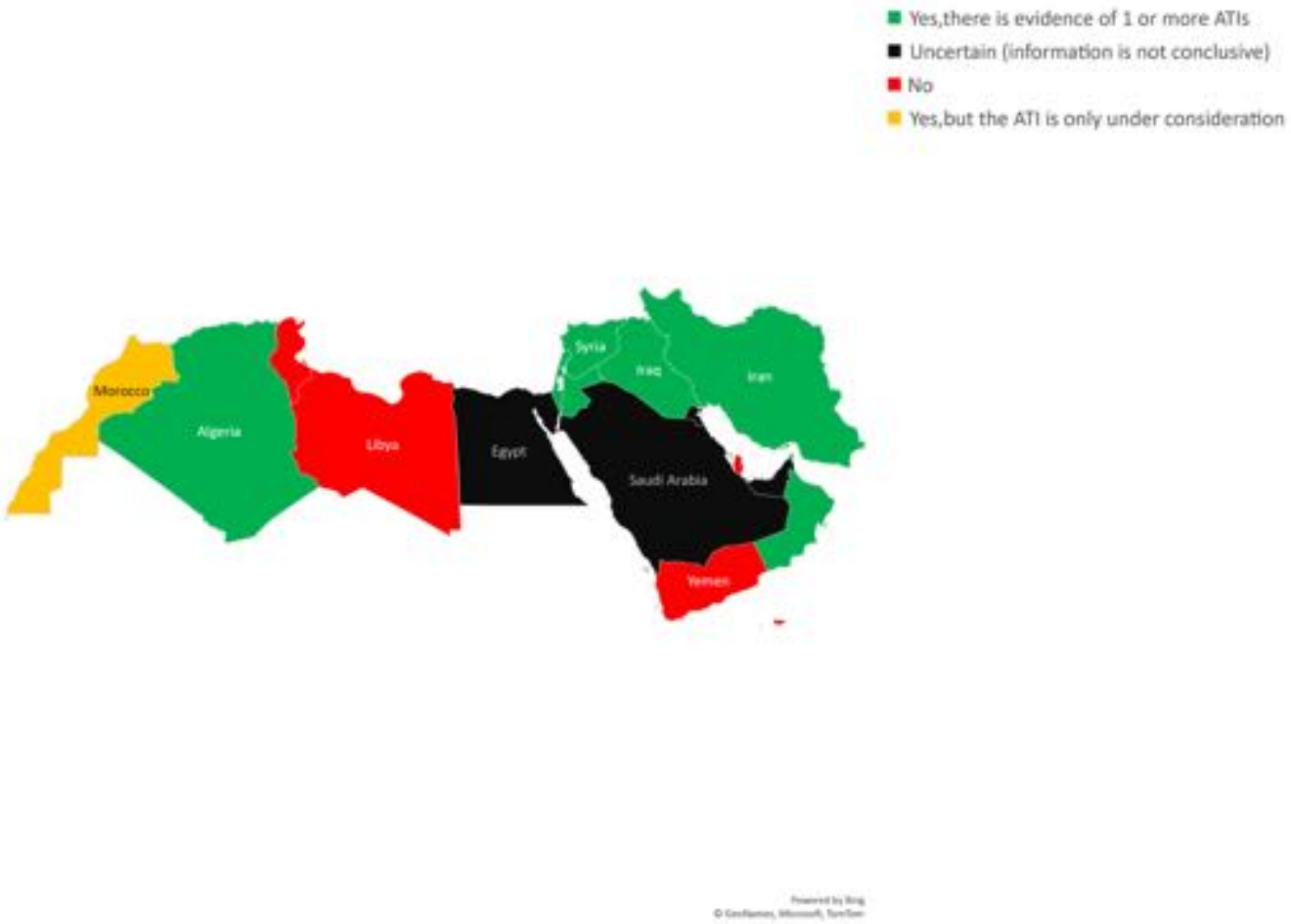


Figure 5. Are there ATIs in operation or under consideration for SUDs?



Country tables

Algeria

<table>
<tr><th>1. Do laws allow for ATIs for SUDs? If so, are these laws implemented?</th><th>2.Does national drug control strategy allow for development of ATIs for SUDs?</th><th>3.Does public opinion support ATIs for SUDs?</th><th>4.What is the nature of the professional drug treatment community?</th><th>5.Which ATIs are in (1) operation or (2) under consideration by the govt. for SUDs?</th><th>6.What are the major barriers impeding the development of ATIs for SUDs?</th></tr>
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<tr><td></td><td>No</td></tr>
<tr><td>X</td><td>Yes, but not implemented</td></tr>
<tr><td></td><td>Yes</td></tr>
</table>
The Algerian narcotics law gives precedence to prevention over punishment. It makes treatment the basis of the legal response to drug use, and sanctions are not enforced if and until the treatment is refused.[1118]

Law No. 04-18, relating to the prevention and repression of the illicit use and trafficking of narcotic drugs and psychotropic substances, of December 2004, is an important step in the evolution of the statute. People in a situation of a drug dependence, instead of being considered delinquent and further, punished, now are considered as in need of treatment for an illness.[1119]
</td>
<td>Yes, the national drug strategy does allow for treatment and rehabilitation for persons with SUDs. Treatment is compulsory.[1121]

However, Algeria's national strategic plan does not refer to harm reduction.[1122]</td>
<td>No public opinion support (or not supporting) ATI for persons with SUDs can be found.</td>
<td>Health Departments (Public Sector, such as the Ministry of Health as well as the healthcare system of Algeria, National Office for the Fight against Drugs and Drug Addiction). These are mainly done by civil society organizations such as CGSA, a private drug treatment facility, MedNET cooperation network, and MedSPAD.[1123]</td>
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</table>
No evidence can be found on community sentencing and electronic monitoring. There are no drug courts in Algeria
</td>
<td>The major barrier impeding the development of ATIs for SUDS is the lack of attention from authorities despite it being included in the National Strategy.

While some ATIs exist, they are not widespread in Algeria and there seems to be a lack of civil society involvement and a potential lack of implementation, signaling that the public may have an issue with ATIs.</td>
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</table>

Comprehensive harm reduction programs which include prevention, care, and HIV treatment for PWID are being implemented by CSOs.[1120]				per the World Health Organization (WHO).[1124] Algeria does allow for voluntary treatment and detoxification centers before arrest and trial to reduce prison populations. Algeria does allow for early release for drug users since drug use is a misdemeanor.[1125]	

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<table>
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Bahrain’s drug policy includes treatment and rehabilitation for persons with SUDs. Drug treatment is compulsory.[1126]

Article 24 of the Decretal Law No. 4 of 1973 on Controlling the Use and Circulation of Narcotic Substances and Preparations, “Whoever possesses, keeps, or buys narcotic substances or preparations for personal use in cases other than those permitted by this Law shall be punishable by a term of imprisonment of not less than six months and a fine not exceeding 10, 000 dinars. When imposing the penalty provided for in the preceding paragraph, the
</td>
<td>No national drug control strategy can be found.

It appears a strategy was in the making around 2013 but no evidence of a current, or previous, strategy can be found.</td>
<td>No evidence on public opinion of ATIs for persons with SUDs exists.</td>
<td>Specialized rehabilitation centers by the Interior Ministry and Criminal Investigation and Forensic Science.[1128]

Treatment Hospitals are provided by the Ministry of Health.[1129]</td>
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<table>
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Bahrain does not have drug courts and there is no data on whether there is availability of programs that divert those involved with the criminal
</td>
<td>Despite laws allowing ATIs for persons with SUDs in Bahrain, very little information can be found on these programs, the national drug strategy, etc.

There is evidence explaining that these laws are implemented but very little information can be found on how these programs work.

There seems to be a lack of awareness of ATIs for persons with SUDs. It is unclear how the referral process for treatment goes in Bahrain.</td>
</tr>
</table>

court may order the confinement of any person whose addiction to narcotic substances or preparations is established to any of the hospitals designated by the Minister of Health to receive treatment until such time as a committee created by a decision of the Minister of Health decides on his release from the hospitals subtracting the period of confinement from the term of the sentence."[1127]				justice system towards treatment.[1130] Based on Article 24 noted in column 1 and treatment centers in the country, evidence supports the above ATIs.[1131]	

Egypt

1. Do laws allow for ATIs for SUDs? If so, are these laws implemented?	2.Does national drug control strategy allow for development of ATIs for SUDs?	3.Does public opinion support ATIs for SUDs?	4.What is the nature of the professional drug treatment community?	5.Which ATIs are in (1) operation or (2) under consideration by the govt. for SUDs?	6.What are the major barriers impeding the development of ATIs for SUDs?
<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> The Prosecutor General of Egypt and the UNODC signed a Memorandum of Understanding[1132] that discussed framework to combat a variety of crimes in 2017. One of the points was on ATIs for various crimes including drug crimes.[1133] Mental Health Act 71 of 2009 (later revised in 2011) involves addiction which is perceived as a mental disorder.[1134] The Anti Narcotic Law 122 of 1989 was created to allow drug abusers to seek special treatment for rehabilitation rather than incarceration.[1135]	The National Council for Combating and Treating Addiction is leading the efforts in Egypt for demand reduction programs. "The group espouses a three-pronged strategy to counter the demand for narcotics: awareness, treatment (including detoxification and social/psychological treatment), and rehabilitation… and the establishment of a drug treatment hotline and website."[1137]	No information available on public opinion support for ATIs for persons with SUDs.	The World Health Organization (WHO) states that the Egyptian government does provide services for persons with SUDs, but there are no harm reduction programs ("needle exchange, supervised injection, outreach services for injecting drug users.")[1138] Cairo University's hospital has a limited space for treating persons with SUDs.[1139] The facilities have varying numbers of beds depending on whether or not the individual is going through rehabilitation or detoxification. It is unclear why there is not an even amount. For example, "Abou El-Azaym Hospitals are 4 hospitals all based in Cairo and its surrounding areas.	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> There is no available information on whether these ATIs are offered country-wide or for persons with SUDs.	A major barrier is the notion that persons with SUDs are criminals, this means there is less public support. The unequal efforts in helping provide detoxification and rehabilitation is a matter of concern as detoxification is more heavily emphasized but does not provide persons with SUDs with the resources to stay sober. The services are limited and not prepared to handle the steady increase of SUDs.

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The death penalty still exists for drug offenses in Egypt.[1136]			There are 4 addiction units, one in each hospital. The biggest unit has 30 detoxification beds and 35 rehabilitation beds, while the smallest unit has 15 detoxification beds and 15 rehabilitation beds. Behman Hospital has an addiction unit with 29 beds and Dr. Sadek Hospital has an addiction unit with 20 beds."[1140] Therapeutic community facilities are present in only two NGO's 1- Caritas and 2- Wadi al Natroun but they are both limited in that the two of them have about 100 beds between the two NGOs.[1141] There is a 24-hour hotline that is linked to four hospitals and connected to the National institute of Substance Abuse Treatment.[1142]		

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The ‘Sub-Programme 3,’"Drug Use Prevention, Treatment, Rehabilitation, and HIV Care[1143]</td>
<td>Iran’s national drug control strategy does allow for development through the “Iran programme.”[1144]</td>
<td>Somewhat.[1145] There seems to be an increase in family forgiveness and halted executions for drug crimes.

The issue is Iran prosecutes people for protest and “disagreeing” with the government and therefore polls may be skewed.

The Drug Control [1146]headquarters has a pool on its website but only 12 people filled out the poll.</td>
<td>Working with UNODC, WHO Collaboration, Iranian National Center for Addiction Studies at Tehran University of Medical Sciences, Iran Drug Control Headquarters.

Drug Abuse Reduction Unified Strategy for Iran - DARIUS, Participatory Experiences Empowering Local Initiatives in Iran - PERSEPOLIS

Donors of Iran’s Country Programme on Drug Demand Reduction and HIV Control (Sub-programme 2) Norway, Sweden, Germany, Switzerland, Italy and Ireland.

Commission on Narcotic Drugs (CND), Mini Dublin Group</td>
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Treatment facilities and harm-reduction support systems.

Death penalty cases reviewed with the prospect of having</td>
<td>Barriers in developing ATIs for persons with SUDs include stigmas among citizens, inconsistency in laws (there are still people on death row for drug use) and budget issues for these programs remain an obstacle.</td>
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			Iran- Ministry of Health, Treatment and Medical Education, State Welfare Organization, Prisons Organization, Ministry of Education.[1147]	their sentences commuted to imprisonment or fines. Evidence-based treatment of drug use disorders, peer drug treatment and addiction research institution, 5 different drug related labs, 6 different types of treatment center, prevention programs, outreach teams. Selection and mandatory treatment of homeless persons with SUDs.[11481149]	

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<table><tr><td>X</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> Iraq has a substance abuse policy but there is no evidence to support it allows ATIs for persons with SUDs.[1150]	There is no evidence to support that a national drug control strategy exists.	The University of California - Los Angeles (UCLA) conducted/is conducting a survey on drug use as part of its work with the Iraqi government however results have not been posted and questions are not necessarily on ATIs, but SUDs in general. No additional public opinion surveys could be found.	The Ministry of Health, public sector (government organizations), private-sector treatment, and treatment from NGOs. There is also the Iraq Drug Demand Reduction Initiative between the Iraqi Minister of Health and The Iraq Drug Demand Reduction Initiative. The University of California Los Angeles' Integrated Substance Abuse Programs (ISAP).[1151]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td>X</td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Iraq does not have any post-trial ATIs but does allow for drug treatment as generic prevention.	Iraq has ATIs that include diversion from the criminal justice system and into the health care system. Barriers to further expanding ATIs for persons with SUDs may be because of lack of government resources dedicated to ATIs. Given Iraq is a current conflict zone, this could be another impeding barrier to the lack of ATIs as the government may have other priorities.

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				It seems the country is still participating in research regarding SUDs so it is possible this could change in the future, especially with U.S. influence in the country.[1152]	

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Penal Law 5737–1977 allows for ATIs for persons with SUDs.[1153]

Criminal Procedure (Arrests) Law, under Section 21, allows for the court to send a defendant to receive rehabilitative treatment instead of being incarcerated.[1154]
</td>
<td>National drug control strategy did not specifically mention the development of ATIs for persons with SUDs.</td>
<td>No information available on public opinion support for ATI for persons with SUDs.</td>
<td>The Prison Service, Ambulatory Treatment in Facility Clinics, The MAGASH Negev Program, MAGASH Prison Service Medical Center, Narcotics Anonymous Groups, the 18 Steps Program, Project Lev (Heart), Health Improvement Workshop, HALAS (Hebrew acronym for ‘life without drugs’, Group Therapy, Orientation Groups, Drug-Free Wings.[1155]
The Malkishua Therapeutic Community is the largest therapeutic community for young males ages 15-25 in Israel.[1156]
The First Step Program focuses on helping individuals with SUDs who are homeless, as well as provides needle exchange programs.[1157]
“There are seven treatment facilities for women, and one therapeutic community</td>
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Drug courts exist in Israel.[1159]

Israel pilot tested a drug court and now have 4-5 community courts throughout Israel that operate in a similar way, which begins at the court and focuses
</td>
<td>It has been argued that some programs are lacking the resources to treat needy populations and that some of them are too strict.[1160]

The Israel Anti-Drug Authority was abolished so there are some concerns about structural changes as this was the central body that promoted rehabilitation and treatment for individuals with SUDs.[1161]

A researcher at the Israel Journal of Health Policy Research suggested that “Israel should adopt and implement a comprehensive harm reduction policy led by a multidisciplinary group of policy-maker</td>
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			offers treatment for mothers with children. All staff members in these programmes are women. A special therapeutic community addresses the needs of young adults, particularly those returning from backpacking excursions suffering from mental imbalance due to hallucinogenic or mind-altering drugs. Programmes are offered for immigrants from the former Soviet Union countries, the Orthodox community, and the Arab population. Programmes are also offered for drug abuse victims suffering from co-morbidity."[1158] There are special laws for youth to ensure they receive treatment over jail. The Authority is also looking to connect persons with SUDs to social services upon reentry to the community.	on participants accessing treatment services. There are 12 Community Treatment Centers in operation that have a wide range of drug treatment services for women, youth, dual care, etc.	representatives from all the relevant ministries. Ultimately, society's drug problems cannot be solved by a single government agency alone."[1162]

1. Do laws allow for ATIs for SUDs? If so, are these laws implemented?	2.Does national drug control strategy allow for development of ATIs for SUDs?	3.Does public opinion support ATIs for SUDs?	4.What is the nature of the professional drug treatment community?	5.Which ATIs are in (1) operation or (2) under consideration by the govt. for SUDs?	6.What are the major barriers impeding the development of ATIs for SUDs?
<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> There are various laws in Jordan that address substance abuse. The General Health Act primarily focuses on mental health but touches on substance abuse.[1163] This act allows individuals to seek treatment for SUDs voluntarily or involuntarily. Individuals who are seeking treatment for SUDs are exempt from drug related offenses under the Jordanian Narcotics Code.[1164] This law was approved in 2013.[1165] Drug Abuse and Psychoactive substances Act number 11, 1988 makes it illegal to use drugs and sentences	The national drug strategy in Jordan focuses on educating individuals about substance abuse to prevent future drug use, as well as promoting rehabilitation for persons with SUDs. The national drug control strategy does allow for development of ATIs for persons with SUDs. In 2005, the Jordanian Drug Information Network (JorDIN) was a joint initiative with the United Nations Office on Drugs and Crime (UNODC) established to "support the development of a comprehensive drug use monitoring system covering drug abuse indicators in Jordan." This initiative will help Jordan understand the success rates for rehabilitation of persons with SUDs.[1168]	"When it comes to implementation, alternatives need to be customized to the Jordanian context. Jordan has a tribal culture which can encourage incidents of retribution and revenge attacks by the victim's family on the perpetrator. At present it is not clear to what extent the community will accept community service as a fair punishment. Within this context, children and particularly girls are most at risk. Indeed, there are some concerns that alternatives may not work well for juvenile girls."[1169] Juvenile girls are not considered because girls are perceived as not being able to protect themselves, for this reason their needs are not	National Centre for the Rehabilitation of Drug Addicts has been around since 2000.[1171] The ATIs focus primarily on detoxification rather than rehabilitation.[1172] "There are three additional residential facilities (100 beds total) specifically for individuals with substance abuse (including alcohol) problems in Jordan. The main facility is the National Centre for Addiction and belongs to the NCMH (Ministry of Health). There is also a private hospital and a facility under the Ministry of Interior, Security Department. There are also three residential facilities (417 beds total) administered by the Ministry of Social Development for individuals ages 12 to	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td>X</td><td></td><td>Drug Court</td></tr><tr><td></td><td>X</td><td>Community Service Sentencing</td></tr><tr><td>X</td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Drug courts are one of the ATIs currently in operation in Jordan. It appears that there are two types of ATIs; "Treatment and rehabilitation for people with SUDs, and Compulsory treatment for people with SUDs."[1176]	One of the major barriers impeding the development of ATIs for persons with SUDs is that many of the programs in place do not focus enough on rehabilitation, because they mainly focus on detoxifying the individuals from substances.[1178] An additional barrier impeding the development of ATIs for persons with SUDs in Jordan is the perception that non-drug users have of people who struggle with SUDs. It will be hard to gain public support to rehabilitate individuals if they are perceived in such a negative light. As mentioned in column 3, juvenile girls are most at risk

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could be as long as two years.[1166] Article 33 of the New Juvenile Law allows judges to give an individual a community service sentence as opposed to a prison sentence.[1167]		considered regarding ATIs.[1170]	40 years with mental disabilities (mainly mental retardation). However, few other facilities for children with mental and physical disabilities and older adults exist. As they are operated outside of the Ministry of Health and are private and charity organizations, data on these facilities are presently unavailable."[1173] In 2016, the UN worked with the Jordanian government to launch the "National Plan for Supporting the Capabilities of the Correction and Rehabilitation Centers, specifically the Correction and Rehabilitation Centres Directorate (CRCD)" (Jordan: The Launch, N.D.).[1174] "The Police Treatment Center has been upgraded to provide and facilitate treatment	Non-custodial alternatives are a fairly new concepts to MENA. However, "in the past few years there have been some significant positive developments towards the establishment of a system of alternative non-custodial measures for both adults and juveniles in Jordan. For example, a new juvenile law has been drafted and is in the final stages of approval which contains provisions for alternatives to the deprivation of liberty. Article 33 of the new juvenile law states that during sentencing an execution judge has the power to replace a custodial sentence (if it does not exceed one year) with a community service sanction."[1177]	of not being eligible for ATIs as they are not considered as being capable of handling retaliation (if it were to occur).

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			and rehabilitation services to drug abusers referred by the court; and the five primary health centers in Jordan are now able to provide outreach services for early intervention and counseling."[1175]		

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It is a crime to use illegal drugs in Kuwait, as well as to possess and sell them. Individuals charged with these crimes could face up to 10 years in prison and a fine.[1179]

Law No. 12 of 2007 amended Law No. 74 of 1983 on drug control and regulation of the use and trafficking.
</td>
<td>Kuwait National Development Plan (KNDP) aims to address SUDs nationwide.[1180]

The United Nations Development Program (UNDP) has been working with the Kuwaiti government in order “to develop a National Drug Use Prevention Policy and Management Program” to improve the resources available to persons with SUDs.[1181] This initiative is taking place from 2016-2021.</td>
<td>No information on public opinion support for ATIs for persons with SUDs is available.</td>
<td>No available information on ATIs for persons with SUDs.</td>
<td>
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</table>

There is no available information on whether these ATIs are offered country-wide or for persons with SUDs.
</td>
<td>Major barriers include the lack of facilities to rehabilitate persons with SUDs.[1182]

There is still significant stigma in regard to alcohol and illegal drug usage, which could be preventing support for the development of ATIs.[1183]</td>
</tr>
</table>

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> The Drug Law 673 of the year 1998 provides persons arrested or prosecuted for drug use with the option to be referred to ministerial committee, the Drug Addiction Committee (DAC), which has the authority to offer the person the option of treatment or sanction. In 2010, the MOPH issued the decision 849/1 for the safe organization and provision of OST. The implementation of the 1998 substance use law is still not very well enforced, and the law includes certain definitions and articles that are not in line with international human rights conventions. Those with SUDs still face criminalization and	The drug law emphasizes supply reduction, other penal provisions, governance bodies and international cooperation for drug regulation. In 2012, an initial inter-ministerial national strategic plan to face substance use threats was drafted covering the period 2013 - 2020. One of the strategic objectives included in that strategy was developing a strategy focused on substance use.[1185] There is no information to suggest a new plan is being worked on currently in 2021.	Very little information could be found on public opinion in Lebanon. However, a survey conducted in Morocco, Tunisia, Egypt, Lebanon, Pakistan, and Afghanistan found that the most-used terms to describe people who inject drugs are "should be punished," "evil/mean persons," "disrespected/disrespectful," and "guilty."[1186]	Most of the 15 NGOs providing specialized treatment services (around 80%) were in Mount Lebanon and Beirut. The total number of reported residential beds for the treatment of persons with drug use disorders is 382 (7 NGOs), with 10% dedicated to females (2 NGOs). Government: National Council for Drugs (Ministers of the Public Health, Social affairs, Education and Higher Education, Youth and Sports, Interior and Municipalities, Justice, Agriculture, Finance, and Foreign Affairs in addition to the Vice-President and Secretary of the Lebanese government) Drug Addiction Committee (Minister of	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td>X</td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td>X</td><td></td><td>Pretrial Services Programs</td></tr><tr><td>X</td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> The law provides the possibility for persons arrested for drug use with the option to be referred to a ministerial committee; the Drug Addiction	In Lebanon, barriers impeding the development of ATIs for persons with SUDs include substance users still facing criminalization and high levels of stigma which can further reduce their accessibility to treatment. Limited access to drug treatment facilities due to the centralization of services and the lack of coverage of all geographical locations in the country is another barrier. Additionally, the implementation of the 1998 substance use law is still not very well enforced and the law includes certain definitions and articles that are not in line with

endure high levels of stigma which further reduce their accessibility to treatment. While the 1998 law on drugs provides persons with drug use disorders the choice between prison and sanction when arrested (Article 183), however, persons with drug use disorders who also facilitate drug dealing and dealers using drugs cannot benefit from these provisions.[1184]			Justice, Ministries Social Affairs, Ministry of Interior, Ministry of Public Health and relevant non-governmental organizations). Opioid Substitution: Therapy (OST) Committee (Ministry of Public Health (Narcotics department and National AIDS Program) and Interior and Municipalities in addition to the UNODC, the Lebanese Psychiatric Society and NGOs' representatives).	Committee (DAC), which has the authority to offer the person the option of treatment or sanction, either before, during or after sentence (Articles 183, 189 and 198). According to article 189, persons who earn a certificate of recovery will be exempted completely from legal pursuit. There is no reported list of national evidence-based prevention programs and there is no national mechanism to monitor the quality of the prevention programs. The availability of affordable community-based and specialized evidence-based, quality services remain limited within the health and social welfare sectors.	international human rights conventions.

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<table><tr><td>X</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> There is no evidence to suggest that Libya has drug laws available to the public, or at all. There is no evidence to suggest that Libya has drug laws or if there are ATIs for persons with SUDs. The only evidence found is an UNODC project with Libya where "the project provides targeted assistance to the drug control law enforcement and customs authorities in Libya with the aim of improving their interdiction capacity through the provision of training and equipment, assisting the People's Committee for Health through fostering national capabilities in treatment, rehabilitation	Libya's drug control strategy cannot be found.	No public opinion polls on ATIs for persons with SUDs can be found	No professional drug treatment community can be found but there is a Ministry of Health which may deal with drug treatment though there is no evidence confirming that.	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> There is no evidence to suggest that Libya has any ATIs for persons SUDs in place or under consideration.	Given the security challenges and the lack of formal government services such as Ministries of Justice, Health, the Interior, a correctional system, etc. (all of which are in development), the country is unable to prioritize ATIs for persons with SUDs.

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and prevention and updating the national drug control legislation measures to comply with UN international drug control conventions."[1187]					

1. Do laws allow for ATIs for SUDs? If so, are these laws implemented?	2.Does national drug control strategy allow for development of ATIs for SUDs?	3.Does public opinion support ATIs for SUDs?	4.What is the nature of the professional drug treatment community?	5.Which ATIs are in (1) operation or (2) under consideration by the govt. for SUDs?	6.What are the major barriers impeding the development of ATIs for SUDs?
<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Morocco has been a country leading the efforts to provide treatment for individuals with SUDs since the 1980s,[1188] and is the second MENA country (after Iran) to implement a national harm reduction strategy which tried to combat the transmission of HIV/Aids among drug users.[1189] The 1974 drug law was amended to allow access to health and harm reduction services within prisons.[1190] Law no. 1-73-282 of 21 May 1974 (Dahir Law) makes drug addiction a crime but article 8 of that law discusses how treatment is important	"The first national harm reduction plan was implemented between 2008 and 2011 under the supervision of the Ministry of Health. This national plan enabled the introduction of needle and syringe programs in 2008 and opioid substitution therapy in 2012."[1194] "In 2012, a Ministry of Health evaluation paved the way for a second national plan, which aimed to increase the coverage of harm reduction services. ALCS is currently one of the national implementers and in the northern city of Tetouan for example, the group provides 1,400 drug users with harm reduction services."[1195] "The Moroccan Ministry of Health has adopted a national strategy to tackle the	No information on public opinion support for ATI for persons with SUDs.	The Ministry of Health's goal was to set up 14 more addiction treatment centers by 2020.[1197] "The national 2015-2016 action plan to combat drug addiction provides for the creation of hospital units specialized in addiction issues in Berrechid, Kenitra, El Kelaa Sraghna, and Agadir."[1198] National Centre for Addiction Treatment, Prevention and Research (Centre National de Traitement, de Prévention et recherche en Addictions de l'hôpital Ar-Razi, CNTPRA).[1199] Civil society organizations (CSOs) have been trying to implement harm reduction services such as the Association de Lutte Contre le Sida	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td>X</td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Community service sentencing is not currently in place but is under consideration in order to help combat prison overcrowding.[1204]	There are quite a few major barriers impeding the development of ATIs for persons with SUDs in Morocco. There is still stigma against individuals with SUDs from health officials and law enforcement,[1205] this means individuals with SUDs are less likely to have their rights respected. While some prisons have programs to help persons with SUDs, it is difficult to determine the effectiveness of these programs and if they have the adequate resources as it is difficult to find information on the subject. Despite a fair amount of support for ATI programs for persons with

1. Do laws allow for ATIs for SUDs? If so, are these laws implemented?	2.Does national drug control strategy allow for development of ATIs for SUDs?	3.Does public opinion support ATIs for SUDs?	4.What is the nature of the professional drug treatment community?	5.Which ATIs are in (1) operation or (2) under consideration by the govt. for SUDs?	6.What are the major barriers impeding the development of ATIs for SUDs?
for persons with SUDs.[1191] Penal Code Article 80 includes provisions for placing drug abusers in a rehabilitation facility.[1192] The Criminal Code of Morocco (1962) helped create treatment facilities for individuals with SUDs who committed crimes while under the influence.[1193]	issue of drug abuse and has announced the development of 14 units dedicated to treating addiction, planned for 2020."[1196]		(ALCS) who has been leading the efforts to fix the national drug policy.[1200] The ALCS has gained support from Moroccan harm reduction agencies, Moroccan Human Rights Association, Bayt Al Hikma, Amazigh Network for Citizenship, Justice, trade unions, human rights watchdogs (Moroccan Prison Setting), journalists, researchers, health professionals and HIV/AIDS community based organizations to raise awareness on national drug policy.[1201] "Inpatient centers that specialize in addiction are in Saleand Casablanca and mobile units that offer medical and psychological care are present in Rabat, Tangiers, Tetouan, Oujda, Nadar, and Marrakesh, as well as harm reduction centres.		SUDs, the resources remain limited, some places only have 2-4 inpatient beds, and 4-12 beds for post-rehabilitation outpatients.[1206]

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			In cities where there are no specialized medical structures dedicated to addiction issues, hospitals and psychiatric wards provide treatment, rehabilitation, and follow-up care to drug users. Yet, there are no dedicated rehabilitation clinics."[1202] Ar-razi hospital helps patients regardless of where they are from and patients admitted by the specialized medical team allow individuals to get regular medical care, psychotherapy, education sessions, occupational therapy and social integration, rehabilitation, etc.[1203] Morocco has supervised injection facilities and outreach services for injecting drug users (harm reduction programs).		

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</table>
Oman has a substance use policy for drugs and alcohol and their laws allow for ATIs to SUDs be developed. Oman’s substance use policy includes treatment and rehabilitation for people with SUD and compulsory treatment for people with SUD.[1207] The Pharmacy laws deal with ATIs for SUDs and were enacted first in 1973 by Royal Decree No. 10 which was revised by another Royal Decree No. 41/96 issued on 08-06-1996.
In 2014, the Royal Oman Police announced it would not prosecute drug users or reveal their names, in a bid to encourage Omanis to report addiction of their family members so they could get rehabilitated.[1208]
</td>
<td>There is no evidence to suggest that Oman has a national drug control strategy.</td>
<td>No public opinion polls could be found but in relation to the 2014 Royal Oman Police announcement, the following was stated:

“Even with that supportive announcement, Omanis are still reluctant to report their addicted family members to the police or straight to the hospital so they could get help”[1209]</td>
<td>Al Masarra Hospital, State-owned company Petroleum Development Oman.[1210]

The Ministry of Health (MOH) is the main government entity that deals with ATIs for SUDs.

There are two private hospitals and 491 Private Clinics in the Country, and the Government is encouraging setting up private care provisions which could, in the long term, reduce patient load in MOH facilities.[1211]</td>
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</table>
Oman’s substance use policy implements the above checked, no details could be found on specific names of programs.[1212]
</td>
<td>Given that Oman has already implemented ATI to SUDs, there don’t seem to be many barriers. The one barrier Oman may have is in regards to expanding is the lack of public sector involvement. There is only one government hospital that deals with SUDs and a state-owned company. If Oman expanded their public sector involvement, it could expand their ATI program.</td>
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There is no evidence that Palestine’s laws allow for ATIs for persons with SUDs.

In 2014, the UNODC announced that they would be working with Palestine. This partnership included assistance to strengthen its forensic services in support of the criminal justice system, the promotion of the reform process of the prison system, as well as the creation of a drug dependence treatment and rehabilitation system for the Palestine National Rehabilitation Centre.[1213]

There is no evidence as to whether or not this occurred, and no exact details are available.
</td>
<td>There is no evidence to suggest that Palestine has a national drug control strategy.</td>
<td>No public opinion polls or surveys could be found regarding ATIs for persons with SUDs.</td>
<td>No information.</td>
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There is no evidence to support that any of the above ATIs are in operation or are under consideration by the Palestinian Authority.
</td>
<td>The major barriers impeding the development of ATI for persons with SUDs are political will, drug laws, and resources.

Given Palestine is not recognized by many countries, the country may not have the resources or foreign aid needed to develop ATIs for persons with SUDs.

Palestine is also a conflict area, drug laws and political will to develop ATIs for persons with SUDs may not have precedence.</td>
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<table><tr><td>X</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> There is no evidence that Qatar's laws allow for ATIs for persons with SUDs. The only article somewhat related is Article 38 of Law No. 9 of 1987 on Control and Regulation of Control and Regulation of Narcotic Drugs and Dangerous Psychotropic Substances (NDDPS). "No criminal case shall be filed against a person, taking Narcotic Drugs and Dangerous Psychotropic Substances (NDDPS), who proprio motu presents himself for treatment. Such patients shall be placed under observation in a sanatorium for a period not exceeding two weeks. If it transpires,	Qatar's National drug control strategy cannot be found publicly and therefore there is no evidence to support or deny that the policy allows for the development of ATIs for persons with SUDs.	No public opinion can be found on ATIs in Qatar or even drug use in Qatar.	No information on the professional drug treatment community in Qatar can be found.	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> There is no evidence to support any of the above ATIs are operational or under consideration by the government of Qatar.	The lack of clear substance use laws and lack of a publicly available national drug control strategy are part of the barriers impeding the development of ATIs. These barriers also make it hard to analyze what other barriers may exist. There seems to be a strong law enforcement approach to handling persons with SUDs.

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that the patient is addicted to narcotics and needs treatment, he shall sign a consent accepting his commitment to the sanatorium for a period not exceeding three months. If he is cured within that period, the administration of the sanatorium shall order his discharge."[1214]					

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</table>
There is no available information on ATIs in the penal code/applicable laws.
</td>
<td>National drug control strategy did not specifically mention the development of ATIs for persons with SUDs.</td>
<td>“Saudi Arabia's conservative cultural and religious norms discourage drug abuse.”[1215]

There is only support for ATIs for Saudi Arabian adult male nationals.[1216]</td>
<td>ATIs that the Saudi Arabian government have developed is only aimed at adult male Saudi nationals. “There are no separate facilities for Saudi women, and expatriate substance abusers are jailed and summarily deported.”[1217]

There are 5 therapeutic communities in Saudi Arabia but are only available for adult males.[1218] They are called Al-Amal hospitals.[1219]</td>
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There is no available information on whether these ATIs are offered country-wide or for persons with SUDs.
</td>
<td>It is not clear that the treatment centers for adult males serves as an ATI or just rehabilitation centers.
Even though the treatment centers scored well for effectiveness in treating adult males, we must remain critical of the effectiveness on these services as women and adolescent males and females are not offered the option of ATIs if they suffer from SUDs.
Most of the government expenditure goes towards public hospital (80%); leaving 20% of the budget for specialized healthcare such as ATIs for persons with SUDs.[1220]</td>
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There is a substance use policy which is a policy for mental health, alcohol, and drugs together.

Given that Syria downplays its domestic drug use, it is possible ATIs are not implemented as much.[1221]

Syria’s Narcotic Drug Laws are Chapter 9 Articles 39-43 but none of these articles mention drug use.

The exact laws for the substance use policy are unknown.
</td>
<td>The national drug strategy for Syria does include demand reduction and domestic consumption, it does provide ATIs but makes it seem that individuals only get them if they turn themselves into police.[1222]</td>
<td>No public opinion polls or surveys could be found for ATIs for persons with SUDs.</td>
<td>The professional drug treatment community is both government and private sector based with 70% of those involved with the criminal justice system with SUDs receiving private sector help and 30% receiving public sector help.[1223]

Professionals include General Practitioners, Social Workers, and Psychiatrists.

No additional information or evidence can be found on topic.</td>
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There are treatment and rehabilitation options for persons with SUDs and there is no compulsory treatment those
</td>
<td>One of the barriers impeding the development of ATIs for persons with SUDs is the lack of a national drug control strategy.

Given Syria is a conflict zone, ATIs for persons with SUDs may not have precedence in some areas in the country.</td>
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</table>

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				involved with the criminal justice system with SUDs. There is no presence of drug courts in the country There is an availability of programs that divert patients away from the criminal justice system towards treatment for drug use disorders. These programs are diversion programs.	

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<table><tr><td>X</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> "Law n.92-52 on Narcotics (referred to as Law 52), adopted in 1992, requires courts to impose a minimum mandatory sentence of one year in prison on any person found guilty of use and possession of an illegal drug, including cannabis. The law imposes a minimum sentence of five years in prison on repeat offenders. For both offenses, judges have no discretion to reduce the sentence considering mitigating circumstances. Even in cases involving possession of a single joint, judges lack authority to impose alternatives to incarceration such as community-based sanctions or other	National drug control strategy did not specifically mention the development of ATIs for persons with SUDs.	No information on public opinion support for ATIs for persons with SUDs available.	Civil society organisations like the Association Tunisienne d'Information et d'Orientation sur le SIDA et la Toxicomanie (ATIOST), the association Tunisienne de Prévention de la Toxicomanie (ATUPRET) and the Association Tunisienne de Lutte Contre les MST et le sida (ATL-MST) distribute syringes.[1226] The group Sajin 52 has organized weekly protests asking for reform of Law 52.[1227]	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> There is no available information on whether these ATIs are offered country-wide or for persons with SUDs.	There is a lack of programs available for persons with SUDs as all convicted individuals are incarcerated and prisons are overcrowded. This is a vicious cycle as individuals are developing SUDs in prisons (contraband illegal drugs), and individuals with SUDs are not receiving adequate treatment to promote their rehabilitation. Law enforcement and courts do not appear to be prioritizing the development of ATIs for individuals with SUDs. Law enforcement and courts have placed a heavy emphasis on prosecuting

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administrative penalties."[1224] In 2017, article 12 of Law 52 was amended to consider drug use prevention and treatment for SUDs. "However, the amendment of one article of the law 52 is nothing but a patchwork solution. It may provide a temporary solution, but it cannot change the current policy and its negative consequences at the long run."[1225]					individuals who possess marijuana. The resources that are dedicated to marijuana possession, could be allocated to addressing individuals with SUDs and developing ATIs.

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There have been federal laws regarding combatting drug usage since 1986. The 1986 Federal Law 65 (which includes fighting drugs, a list of banned substances (the Controlled Drugs Act of 1986), was revised in 1995, 2005, 2009[1228] and 2016.[1229]

If persons with SUDs report themselves to the police or rehabilitation centers seeking health, they will not be criminally prosecuted and in most cases, they will attend a two-year treatment program.[1230]

However, if a UAE national is found using illegal drugs and does not willingly seek help prior to being caught,
</td>
<td>The UAE has a zero-tolerance policy for illegal drug usage, production, trafficking, selling, buying, and possessing.[1232]

A National Committee for Fighting Drugs was established in 1987.[1233]

The National Rehabilitation Center (NRC) was established in 2002 and focuses on raising awareness for SUDs, drug prevention, research on substance abuse, drug rehabilitation and treatment, helping develop legislation/ policies and so forth.[1234]

The NRC has worked directly with the United Nations Office on Drugs and Crime (UNODC) and the World Health Organization (WHO) to improve the rehabilitation and</td>
<td>No information on public opinion support for ATI for persons with SUDs is available.</td>
<td>“The UAE has established an extensive treatment and rehabilitation program for its citizens. There is a rehab center in Abu Dhabi, two in Dubai, and one each in Ajman and Sharjah for those identified as addicts.”[1237]

The NRC has 86 beds for patients, fulfills mandatory treatment orders, can see a maximum of 40 outpatients daily, provides various therapies and rehabilitation services such as motivational interviewing, relapse prevention and so forth.[1238]

The NRC uses the ‘Matrix Programme’, which consists of psychologists who were trained at the Matrix Institute in California[1239]</td>
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There is no available information on whether these ATIs are offered country-wide or for persons with SUDs.
</td>
<td>While the UAE does offer treatment programs for persons with SUDs, there does not appear to be much pressure within the UAE to develop additional ATIs. This could be due to a lack of awareness of these types of ATIs.</td>
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they can face criminal prosecution. Meanwhile "Third-country nationals or "guest workers," who make up approximately 80% of the UAE's population, generally receive prison sentences upon conviction of narcotics offenses and are deported upon completing their sentences."[1231]	treatment centers within the UAE.[1235] The UAE has also helped fund a UN-sub office of the UNODC for a counter narcotics program in 2005.[1236]				

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<table><tr><td>X</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> "Penalties for possession, use, or trafficking in illegal drugs in Yemen are severe, and convicted offenders can expect long jail sentences and heavy fines."[1240] Law on Control and Illicit Trafficking and Abuse of Narcotics and Psychotropic Substances states that "The penalty of imprisonment for five years shall be imposed on any person who has possessed, purchased, produced, extracted, separated or manufactured narcotic substances or cultivated any of the plants listed in schedule V or who has possessed or purchased them for the purpose of consumption or personal use."[1241]	"Yemeni government has done little so far to put together a comprehensive strategy to tackle the problem. In Taiz, the local government has taken some steps to tackle the issue: Al-Ashwal, for example, has led efforts to monitor the sale of drugs at pharmacies in Taiz more closely."[1242] According to the World Health Organization (WHO) there is a total ban against drug usage in terms of a national policy/action plan and there is no national government support for community action nor a national monitoring system.[1243]	The usage of the stimulant 'qat' or 'khat' is legal in Yemen and widely used, however it is illegal in many countries.[1244] Approximately 90% of adult males in Yemen chew khat for about three to four hours a day.[1245] However the usage of other drugs is highly stigmatized.	The UNODC is working with Yemen to try and limit drugs trafficked into the country and the activity of other transnational organized criminals. This could help prevent drugs from entering the country/usage.[1246] The UN Development Program (UNDP) also pointed out that the increased drug abuse in Yemen has put a strain on health resources and police departments.[1247] There are no specialized treatment centers for individuals with SUDs. Wealthy individuals in Yemen struggling with SUDs seek treatment in Egypt or the United States.[1248]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> There is no available information on whether these ATIs are offered country-wide or for persons with SUDs.	Yemen is facing a large humanitarian crisis. It is possible that due to this they are not able to create, let alone enforce ATIs for persons with SUDs due to efforts focused on addressing and resolving the nationwide humanitarian crisis.

Analysis
Team 5: MENA
Aimee Hanstein and Katelyn Ferguson

Introduction

Alternatives to incarceration (ATIs) for individuals with substance abuse disorders (SUDs) have the possibilities to be effective mechanisms to help rehabilitate individuals with SUDs, and to help deter individuals from using drugs in general. In the Middle East and North Africa (MENA)[8] region. However, not all countries have the resources, capacity or even the desire to implement ATIs for varying reasons -- such as corruption, weak economies, high levels of poverty, conflict, and/or national crises.

Legal Framework for the Region

The countries within the MENA region - Algeria, Bahrain, Egypt, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Syria, Tunisia, United Arab Emirates and Yemen - had varying results in terms of which countries had laws regarding ATIs, and which did not. Most of the region has laws in place for ATIs for persons with SUDs, however, a lot of countries lack evidence of implementation. Some examples of laws within countries that allow ATIs for persons with SUDs include Lebanon's Drug Law 673 of 1998, Article 24 of Bahrain's Decretal Law No. 4 of 1973 on Controlling the Use and Circulation of Narcotic Substances and Preparations, Israel's Penal Law 5737–1977 and Criminal Procedure (Arrests) Law, under Section 21, Morocco's Penal Code Article 80 and Law no. 1-73-282 of 21 May 1974 (Dahir Law), article 8. There was very little evidence of updated laws but some countries such as Lebanon had more updated drug control strategies that complemented their drug laws (Lebanon's 2013-2020 strategy).

Drug Control Strategy, Political Will, Public Opinion

National drug control strategies existed in some countries but were hard to find for many (Iraq, Palestine, Yemen, Tunisia, Saudi Arabia, Kuwait). Evidence suggests that countries in the MENA region have the political will to be open to ATIs for persons with SUDs but that other pressing issues such as conflict or the state of the economy, take precedence. While it was extremely challenging to find public opinion surveys on whether ATIs are supported for each nation, the implementation of ATIs, along with the quantity of facilities available and the types of programs available demonstrate that some countries, such as Lebanon, Syria, Israel, Jordan, Egypt, Morocco, and the United Arab Emirates are truly trying to help individuals overcome their SUDs. This hopefully means that there is support for these types of programs due to a fair amount of drug treatment options available in various countries. As mentioned already, some countries in the MENA region have various types of ATIs implemented, which demonstrates progressiveness in helping individuals overcome SUDs. The MENA region has a combination of developed, underdeveloped, and non-existent drug treatment communities. It

[8] Algeria, Bahrain, Egypt, Iran, Iraq, Israel, Jordan, Kuwait Lebanon, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Syria, Tunisia, United Arab Emirates, Yemen

is possible that the region could take on a wider approach with countries such as Lebanon, Israel, Jordan, and Morocco piloting programs to help other countries develop ATIs; it is possible that countries with underdeveloped or non-existent drug treatment communities would be open to this. Given that countries such as the United Arab Emirates and Bahrain are currently developing diplomatic ties with Israel, this could be a factor added to their new relationship. These new diplomatic ties with Israel could also include the United Arab Emirates and Bahrain attempting to help Palestine have more resources to develop ATIs for persons with SUDs. Countries such as Lebanon, Syria, and Iran, could help Iraq develop ATIs for persons with SUDs due to their current developed drug treatment communities.

Drug courts were implemented in countries such as Oman, Israel, and Jordan, but the most prevalent ATI for persons with SUDs seemed to be drug treatment facilities that individuals are sent to pre-arrest and/or as pre-trial diversion to treatment; this was seen in Algeria, Bahrain, Lebanon, and Iran. Israel pilot tested a drug court and now have 4-5 community courts throughout Israel that operate in a similar way which begins at the court and focuses on participants accessing treatment services. There was no evidence to suggest community service sentencing or electronic monitoring were used as an ATI for persons with SUDs for any country in the MENA region; some countries such as Jordan and Morocco are considering community service sentencing as ATIs for persons with SUDs. While some might assume that alternatives to incarceration are inherently good mechanisms, there are negative aspects to them. For example, some programs focus more on detoxification rather than rehabilitation, which in the long run does not actually help the individual(s) on their path to recovery. Additionally, in some countries such as Saudi Arabia, ATIs are only available to men from Saudi Arabia-- this excludes individuals who have immigrated to Saudi Arabia, and all women and girls. In countries where efforts towards implementing ATIs are made by grassroots organizations - especially those who are coming from another country - these organizations are sometimes perceived as invasive by the local citizens.

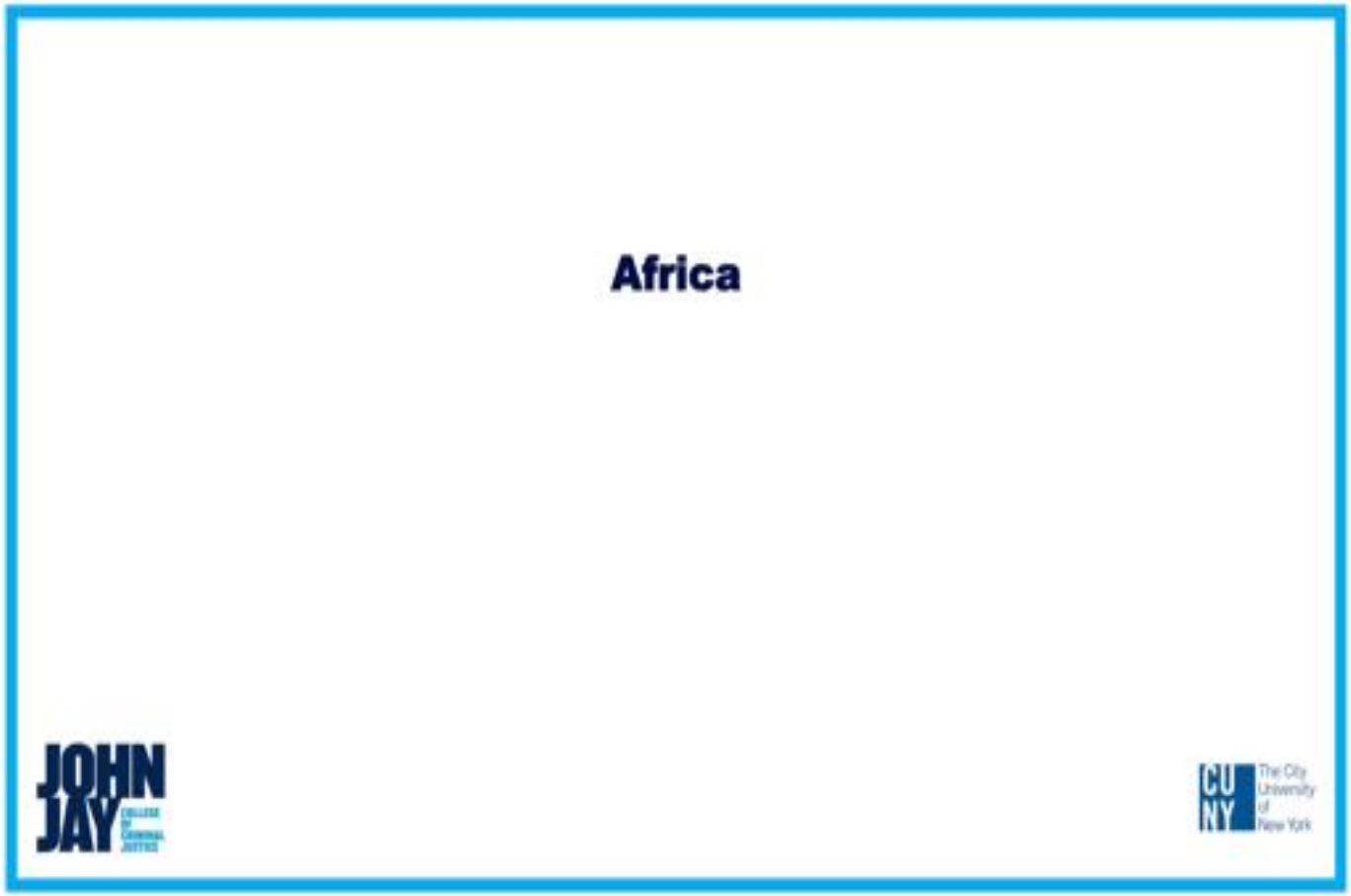
Barriers for ATIs for persons with SUDs

The main barriers for ATIs for persons with SUDs in this region are that many of the countries, such as Lebanon, Syria, Palestine, and Yemen, are facing many economic, conflict, and humanitarian crises. While Lebanon does have ATIs for persons with SUDs, due to the current economic crisis, it is possible the resources for ATIs may be reallocated elsewhere and ATIs for persons with SUDs will become less of a priority. With these countries facing these other crises, these countries may not have the resources for ATIs for persons with SUDs as focus needs to be elsewhere, which is a major barrier. For other countries, such as Iraq, it seems there is not much awareness on what ATIs for persons with SUDs are and how they can implement them. This can be seen in a lack of attention for persons with SUDs in national laws or drug control strategies.

Conclusion

Overall, we were impressed with the countries that did have ATIs for persons with SUDs. Given the number of countries that did allow for ATIs, we were surprised to find how little public opinion information could be found. Given the number of countries that do

have ATIs, the MENA region has an opportunity to collaborate with one another to help other countries implement ATIs for persons with SUDs, as well as working with the UN, European Union, etc. Forming a MENA council for ATIs for persons with SUDs and SUDs--related topics could be extremely beneficial for the region to help countries be more aware and share resources. This council could even be from an existing organization, such as the Organization of Islamic Cooperation with a conference or organ on ATIs for persons with SUDs.


Africa
JOHN JAY
CUNY
The City University of New York

Regional Maps

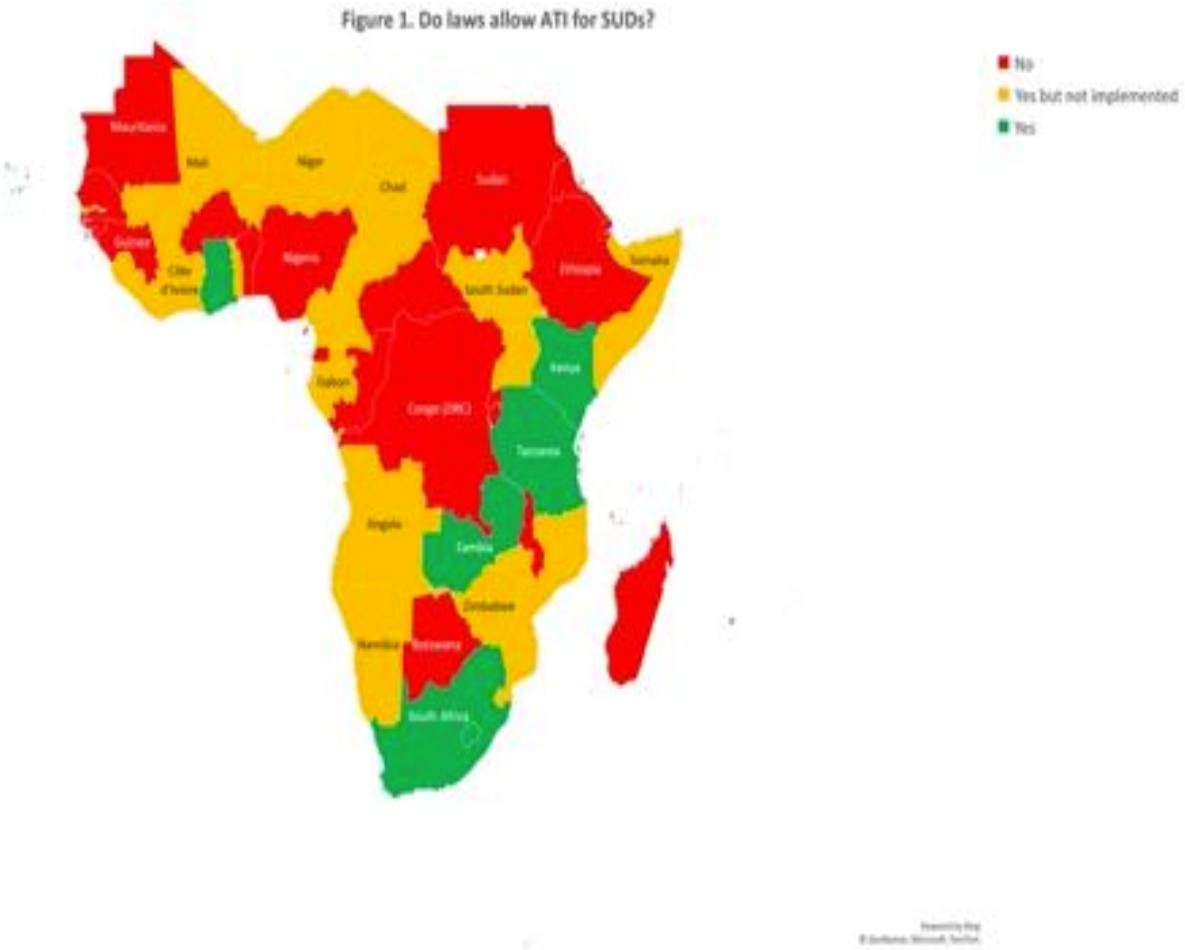


Figure 2. Does national drug control strategy allow for development of ATI for SUDs?

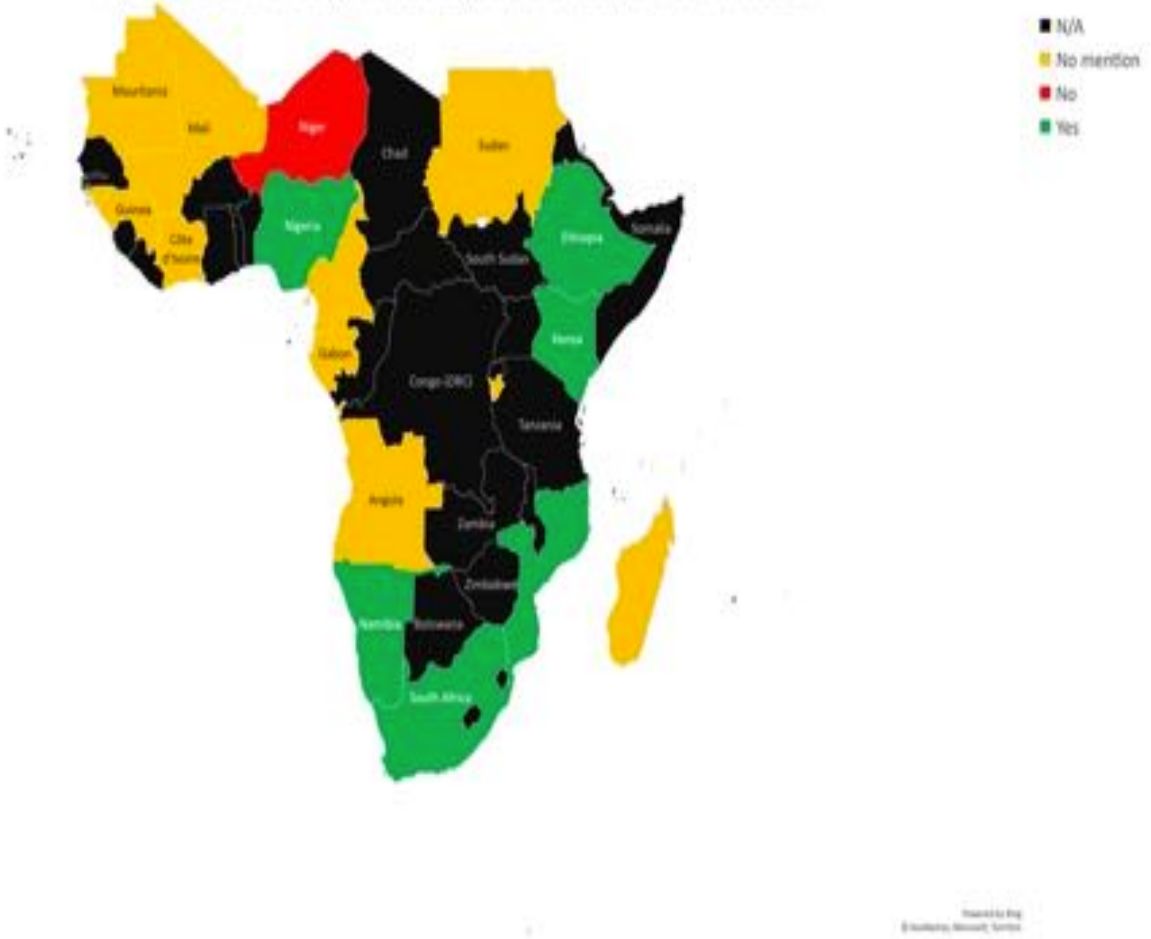


Figure 3. Does public opinion support ATI for SUDs?

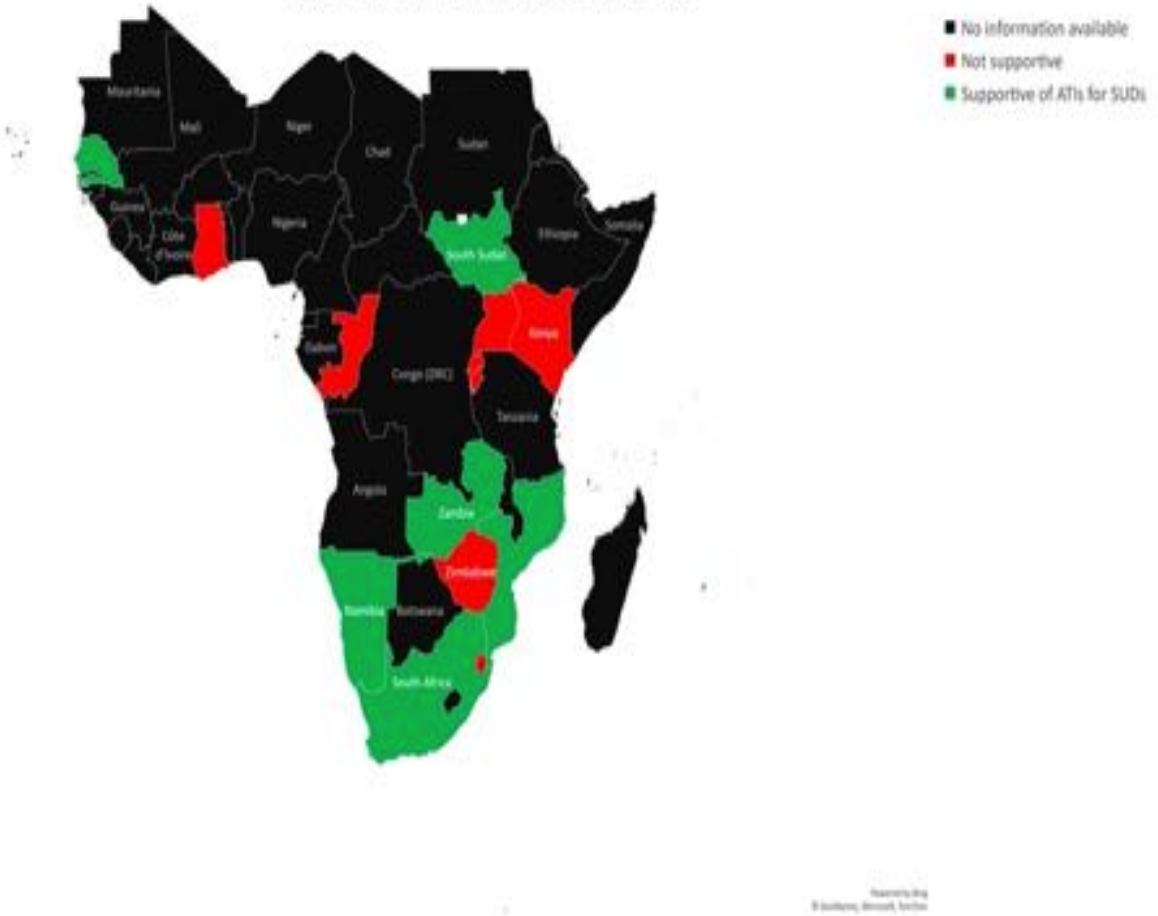


Figure 4. What is the nature of the professional drug treatment community?

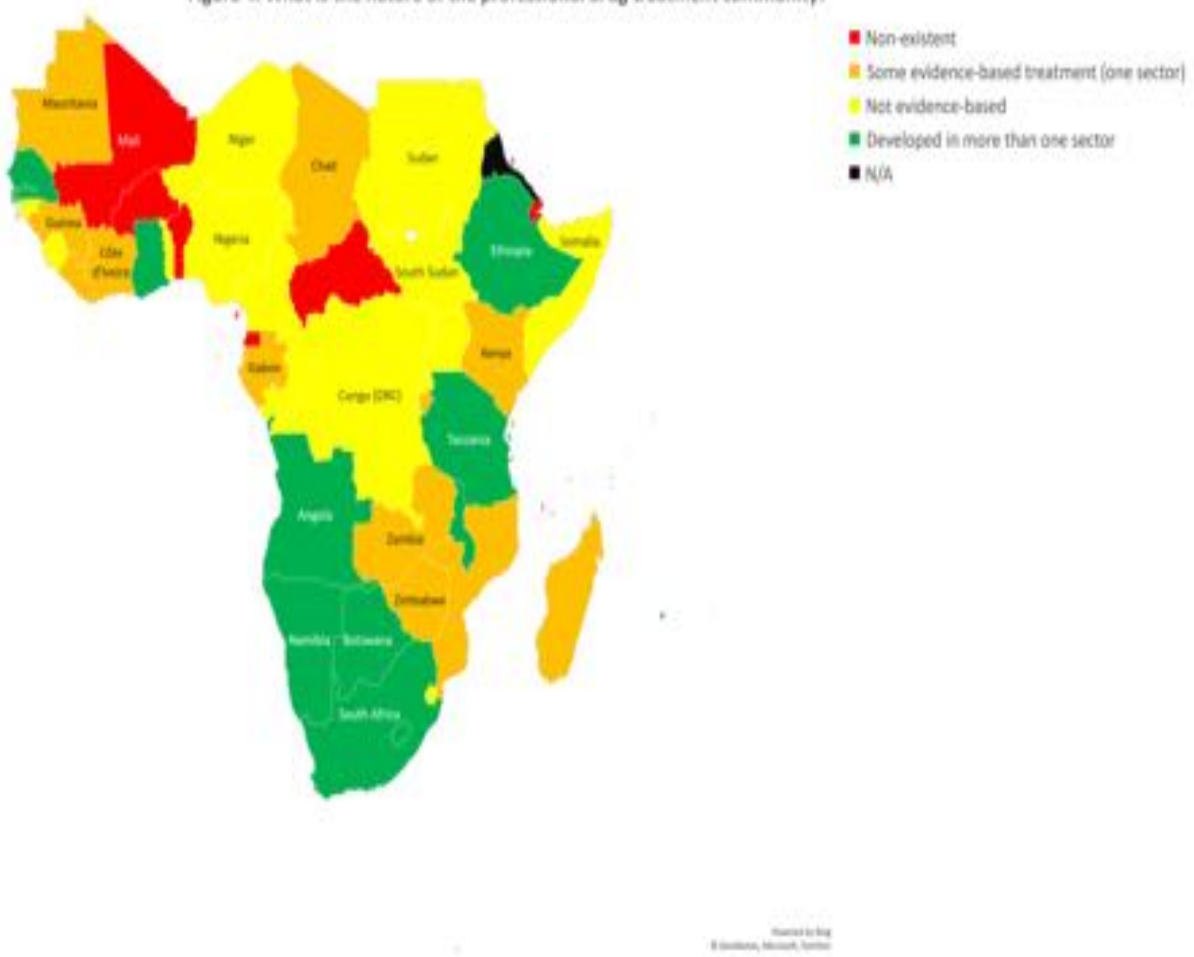
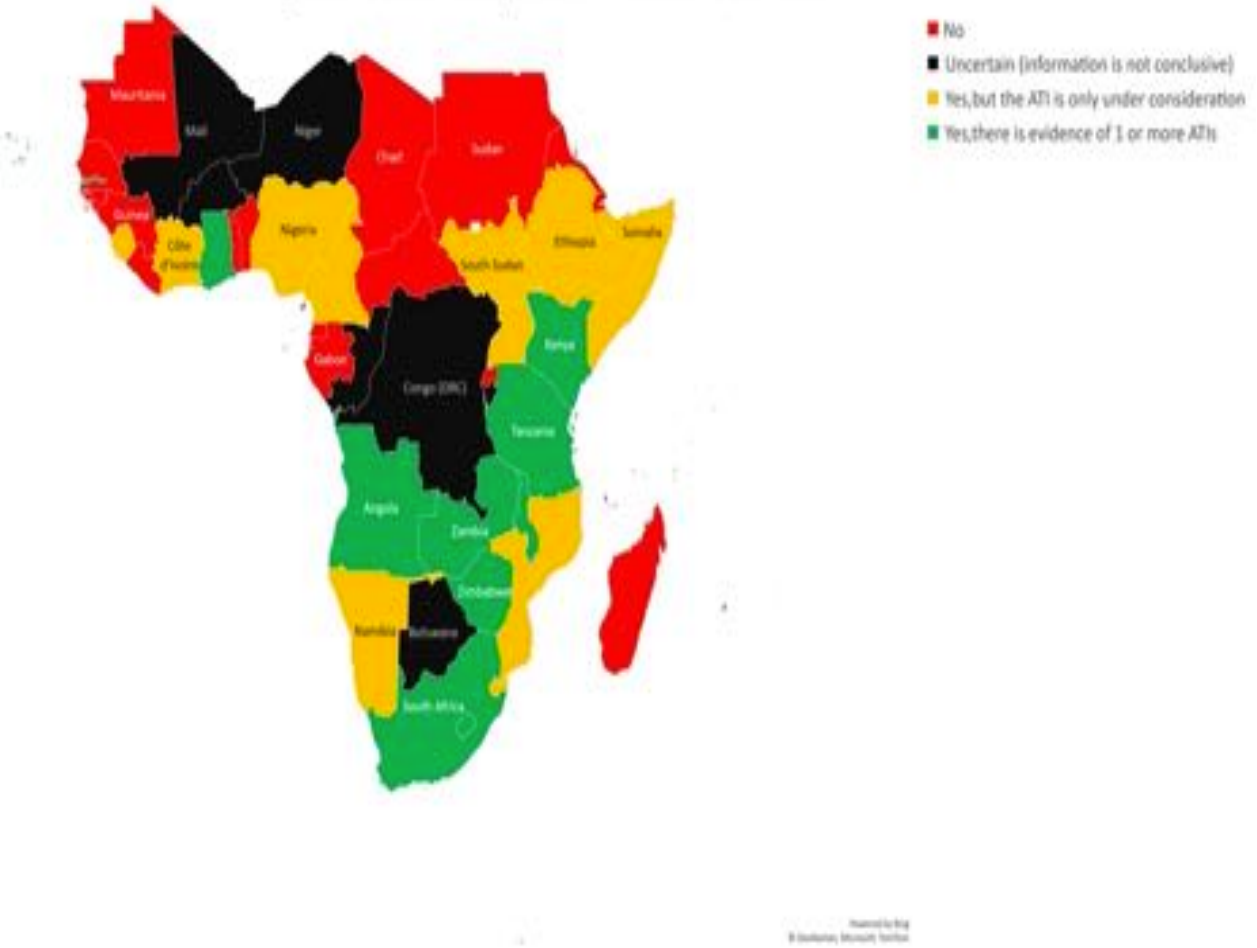


Figure 5. Are there ATIs in operation or under consideration for SUDs?



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<table><tr><td>X</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> Current legislation regarding drugs is Law no 97-025 on the control of drugs and precursors, 1997.The penalty for drug use and possession is undefined[1249] leaving it to the discretion of the judge: "The law gives a minimum fine or prison term for an offender and judges are required to stay within these mandatory sentences."[1250] It appears this legislation has not been updated since its creation.[1251] - The law does not currently allow for the development of ATI and does not have any	Benin does not have any institutions explicitly protecting human rights, public health, and no option for ATIs in their penal code for drug users.[1253] Benin has taken a punitive approach to drug use, and has institutions dedicated to anti-drug trafficking and drug use.[1254]	Drug use in Benin is criminalized and negatively viewed.[1255] Young people in Benin tend to be unaware of the dangers of drug use (more than 1 in 10 teenagers from the study's sample in Benin consumed more than 1 substance.)[1256] It is difficult to access public opinion regarding ATIs for SUDs because the dangers of drug use are generally not addressed.	Drug users are not a priority as injecting users in Benin only represent 2,2% of new HIV/AIDS cases in Western Africa.[1257] Drug users, especially those injecting drugs, remain extremely negatively stigmatized which contributes to large disparities in medical care and attention received.[1258] There is no specific institution used for drug treatment in Benin (drug users are treated by general health services.)[1259]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> There is currently no treatment or rehabilitation available in Benin for persons with SUDs.[1260] There are no drug courts in Benin.[1261]	Benin does not have any specific legislation outlining the way in which drug use should be handled, leaving sentencing very much at the discretion of the judge. Since Benin does not have specific institutions for drug users (hospitals, drug courts, legislation) it is recommended that drug treatment capacities be created before ATIs would become beneficial.

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ATI already in place for convicted drug users.[1252]				There is no "availability of programs which divert clients away from criminal justice system towards treatment."[1262] Benin does use tax-based funding for drug related treatment,[1263] but given the high level of poverty and political instability in the country it is difficult to assess how much money is focused on drug treatment.	

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<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> Current penalty for drug abuse and possession is 2-5 years in prison and/or a fine.[1264] Current drug related law in Burkina Faso is Law No. 017/99/AN/, 1999. Article 47: those consuming 'high risk' drugs for personal use are subject to 2-5 years imprisonment and/or a fine of 1, 000, 000 to 5, 000, 000 francs.[1265] Article 61 indicates the possibility to avoid incarceration under certain circumstances, such as being a minor, having no prior record of drug abuse, or promising in front of	National drug strategy did not specifically mention the development of ATI for person with SUDs.	No information on public opinion support for ATI for SUDs.	Burkina Faso does not have an epidemiological center, making it very difficult to access the number of drug users in the country and therefore the number of resources needs to treat users.[1267] Civil society is very involved in the reintegration of drug users, and the prevention of drug use through the CNLD (The National Committee for Drug Control). Civil society is however very uninvolved when it comes to the treatment of drug users "because their actions are limited most often to psychological support for users."[1268]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td>X</td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Burkina Faso does not at this moment have any drug courts. Burkina Faso has suffered extensive government instability and is just recently establishing courts to address other issues.	The major impediments preventing ATIs for SUDs are: the general negative attitude towards drug users in the country, the severe punishment of recidivism for drug users, and the lack of resources to establish ATIs. Burkina Faso has a lot of potential when it comes to establishing ATIs for SUDs because they are the leading country in Africa in the fight against HIV/AIDS, pouring a lot of money and resources into this effort. The success Burkina Faso has had in tackling the issue of HIV/AIDS in the country could help them redirect these efforts to include drug users also susceptible of contracting HIV/AIDS.[1271] Burkina Faso must continue the efforts towards creating and implementing drug treatment capacities before moving to ATIs.

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a jury never to consume drugs again (this article alludes to the harsher treatment and intolerance of drug relapse.)[1266] The current drug law in Burkina Faso is outdated (1999) and punishes drug users fairly severely. The law also shows no tolerance towards drug recidivism. Although article 61 indicates some options to avoid incarceration, it is unclear if Burkina Faso implements these ATIs.				The current drug law does allow for ATIS for SUDs in certain contexts, but as previously discussed, this option is rarely considered, and drug users remain mostly unable to access services. The country does allocate pardons to drug users in specific circumstances at the judge's discretion. The drug use must have occurred under restrictive conditions "for example, where the user is below the age of criminal majority; not in a state of recidivism; or undertakes, by solemn declaration during the hearing, to not repeat the act again."[1269] The penal code and health code do not in practice provide drug users with access to care. "The provisions merely prescribe the possibility for the judge to opt for measures of treatment or care appropriate to the drug addict's condition when he is the subject of a criminal conviction."[1270]	

1. Do laws allow for ATIs for SUDs? If so, are these laws implemented?	2.Does national drug control strategy allow for development of ATIs for SUDs?	3.Does public opinion support ATIs for SUDs?	4.What is the nature of the professional drug treatment community?	5.Which ATIs are in (1) operation or (2) under consideration by the govt. for SUDs?	6.What are the major barriers impeding the development of ATIs for SUDs?
<table><tr><td>X</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> Burundi's current penal code was revised in 2009 and is called Law no. 1/05 April 22, 2009. Article 491 indicates an individual could face 1-5 years imprisonment and a fine for drug possession for personal consumption.[1272] "…harm reduction is not yet explicitly mentioned in national policy in Burundi."[1273] At this time, there is no evidence laws in Burundi allow the implementation of ATIs for persons with SUDs	Current national drug control strategy is limited: "In terms of its response to drugs and criminal economies, it takes a prohibitionist approach but lacks the institutional, human resource and financial capacity to effectively respond to related illicit economy and drug-use environmental factors."[1274] "National policy in Burundi includes mention of drug treatment and a national goal of reaching universal health coverage by 2025. Harm reduction is not explicitly supported within national policy in Burundi. However, the National Strategic Plan on HIV/AIDS (2014-2017) specifies populations that should be targeted for	Limited information on public opinion support for ATIs for SUDs. Drug use (especially injecting drug use) is not often acknowledged and is highly stigmatized as well as criminalized.[1276] There is increasing support for treatment for persons with SUDs ("drug consumers should be considered "not as guilty but as patients who need help, humanity and care".)[1277]	The only resources available for drug users in Burundi currently are mental health services (there are no specialized units for drug users specifically.)[1278] There is no national epidemiological data collection system in Burundi, making it difficult to assess the resources needed, and how many drug users are in Burundi.[1279] Burundi does not currently have a governmental unit responsible for treatment services, nor an annual budget dedicated to SUDs.[1280] According to the WHO report there are NGOs in Burundi focusing on drug dependence treatment.	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td>X</td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Limited information on ATI for persons with SUDs Burundi does have a screening and intervention process for drug use (but it is rarely implemented.)[1283]	ATIs for SUDs are not developed because the government is too unstable at the moment to prioritize this issue. Drug use is still very highly stigmatized in Burundi, and there is a lot of misinformation about the topic.

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	the prevention of HIV transmission, including 'inmates' and 'injecting drug users."[1275]		Burundi doctors and advocates have currently been analyzing the harm reduction efforts in Kenya hoping to implement a similar program in Burundi[1281] (this was a trip and effort funded by WHO in 2019.) Burundi's trip to Kenya indicated a new interest and effort in implementing aid for SUDs. Most drug treatment and prevention awareness is conducted by civil society (anti-drug campaigns targeting schools etc.) BAPUD is an association of ex-drug users in Burundi trying to support each other to stay clean.[1282] Most efforts to help and treat SUDs have come from civil society taking the initiative upon themselves.		

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Article 113 of the Cameroon: Law no 97-19, 1997 indicates “a court may substitute or supplement the penalty by asking the said addict to submit to any treatment or care required by his condition. Any drug addict who fails to comply with such measures shall be punished with an imprisonment of 2-5 years and/ or a fine.”[1284]

Although the Cameroon penal code does indicate the possibility for SUDs to avoid incarceration it is difficult to assess whether these options are always implemented, if persons with SUDs often choose this option, and what kind of
</td>
<td>- Overall national drug control strategy does not provide nor mention the development of ATIs for persons with SUDs.</td>
<td>Very little information on public opinion support for ATI for persons with SUDs.</td>
<td>There is a governmental unit responsible for mental health treatment in Cameroon which includes SUDs, but there is no unit dedicated uniquely to SUDs.[1285]

According to the WHO report there is no budget dedicated to SUD treatment and individuals must make personal out of pocket payments if they wish to be treated.[1286] WHO notes that 75% of the population receiving treatment for drug use disorder are treated in the private sector, and most often with the use of traditional medicine.

There is a want amongst the SUD population to undergo treatment, but they often do not know where to turn and are afraid of being criminalized.</td>
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Cameroon provides some exemptions from incarceration if the individual is willing to undergo treatment, but the treatment facilities available are not specialized for SUDs; the individual may refuse to seek treatment due to mistrust in the
</td>
<td>The biggest impediment for the development of ATIS for SUDs in Cameroon is the general lack of knowledge and understanding about drug use, and the deficient resources available to treat SUDs in the country.

Persons with SUDS are often treated alongside other patients, undermining the specialized and unique attention needed to treat drug dependence.</td>
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treatment is available to persons with SUDs.			The structures and resources needed to treat SUDs are also underdeveloped.	system and the fear of being on record as a person with SUD.	

Central African Republic

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<table><tr><td>X</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> The Central African Republic (CAR) Penal Code provides the prescribed punishment for drug trafficking and cultivation, but there are no use specific laws.[1287] Current laws do not allow for the development of ATI for persons with SUDs.	The Central African Republic does not have a National Drug Control Strategy.	There is no information on public opinion support for ATI for persons with SUDs.	There are no national associations of drug treatment professionals or national branches of international associations of drug treatment.[1288] There is no government unit responsible for treating SUDs nor is there a financial backing for such unit.[1289] There are no treatment centers supporting those with SUDs.[1290] In fact, due to the poverty of the country the few education and health infrastructures that remain are continuing to deteriorate.[1291] There is no medical school or university offering degrees in drug treatment provisions or specialized psychology degrees.	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> There is no available information on ATIs for SUDs.	The Central African Republic is underdeveloped and lacks resources. The biggest barrier impeding the development of ATI for SUDs is the lack of stability in the country.[1292] The country is riddled with complex financial, health, social, and political issues.[1293] No policies or legislative provisions are available to divert persons with SUDs into treatment.

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Article 38 of the Code Pénal holds, "When an alcoholic, drug addict or a person suffering from a mental pathology is convicted of a felony or misdemeanor punishable by imprisonment for at least two years, the court may order his internment in a special house- health. Internment for the reasons indicated in this article may not exceed two years for the treatment of an alcoholic or drug addict and five years for the treatment of a mental patient. The court which ordered the internment may shorten the period initially fixed, after consulting the competent medical authority certifying that the interned person's
</td>
<td>There is no national drug control strategy in effect in Chad.</td>
<td>No information on public opinion support for ATI for persons with SUDs.</td>
<td>There are a limited number of drug treatment professionals treating persons with SUDs. More specifically, there are a few NGOs offering treatment for those with SUDs.[1295]

There are psychiatrists, nurses, and general practitioners, operating in Chad who treat alcohol and drug use disorders.[1296]

Chad does have a medical school in N'Djamena, but there is no indication that the school offers specializations in psychiatric or mental health treatment.[1297]</td>
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Article 38 holds, "When an alcoholic, drug addict or a person suffering from a mental pathology is convicted of a felony or misdemeanor punishable by imprisonment for at least two years, the court may
</td>
<td>There is no national drug control strategy in effect in Chad.[1301] There are no legislative provisions that allow for treatment, rehabilitation for people with SUDs.[1302] There are no funded public or private programs in place to divert clients away from the criminal justice system towards treatment.[1303]</td>
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freedom no longer presents any danger to public order."[1294]				order his internment in a special house- health.[1298]" However, there is no indication that the law is implicated. There are some limited outpatient medical detoxification and abstinence-orientated treatments available.[1299] However, inclusion into and awareness of these programs is limited, as primary care physicians do not screen for SUDs.[1300]	

Comoros

<table>
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<tr><td></td><td>Yes</td></tr>
</table>
- Article 328 is the only article mentioning drugs in the The Comoros penal code (Loi N°082/PAF – Loi 95-012/AF) and it does not differentiate between trafficking, supplying, possession, use, etc.

There is also no mention of any possible ATIs for SUDs.[1304]
</td>
<td>The Comoros does not have a national drug control strategy.

“Comoros is reported to have among the lowest levels of drug use worldwide and drug markets are described as having a negligible impact on society. Notably, however, the heroin trade is considered to have a moderate influence on society due to reports that the islands are a significant trans-shipment point for heroin from Afghanistan, often bound for Madagascar and South Africa, as well as Europe.”[1305]

It seems drug use is pretty uncommon in the Comoros, but still may occur given the use of the Comoros as a transit point for heroin shipments destined to Europe.</td>
<td>There is no information on public opinion support for ATI for persons with SUDs.</td>
<td>The Comoros does not have a governmental unit responsible for the treatment of SUDs.[1306]

SUDs fall under the same treatment as mental health and those seeking to access treatment for SUDs must make out of pocket payments (there is no governmental budget dedicated to SUDs.)[1307]

A large proportion of people being treated for SUDs are treated in the public sector within the general health domain by general practitioners (there are no specialized units of medical workers in the Comoros to treat SUDs.)[1308]</td>
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- The WHO report regarding the Comoros indicates the presence of drug courts in the country, but it is difficult to find any evidence of this being true, or whether these drugs courts are being used.[1309]
</td>
<td>The major barriers preventing the creation of ATIs for SUDs are: political instability, frequent change in leadership, and the general misconceptions surrounding drug use and the needs of persons with SUDs.</td>
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<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> - Penal Code 88-686, article 12 states the punishment will be doubled for recidivism amongst SUDS.[1310] - This law also states people in possession of drugs will be exempt from punishment if they can provide a medical prescription for drug - Article 8: Current punishment for drug related offenses is: 1-5 years in prison, plus a fine.[1311] - Article 9 states: those in need of medical help for drug related offense may be eligible for detox and rehabilitation (this is dealt with on a case-by-case basis and to the discretion of the judge) - Drug possession is treated as criminal offense	National drug strategy did not specifically mention the development of ATI for a person with SUDS.	Public and state acknowledges differences between drug possession for personal use versus for trafficking purposes (trafficking drugs results in a much more severe punishment) The information regarding public opinion for ATIs for persons with SUDS is limited, but some types of drugs are viewed more positively than others. Some drugs are very commonly used in social contexts in a "fumoir."[1312] Drug users in Ivory Coast look down on injecting drugs.[1313]	"Persons with substance use disorders receive treatment through a specialized treatment system and through psychiatric hospitals (the latter is integrated within mental health care; no specialized treatment is offered within mental health care)."[1314]	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td>X</td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td>X</td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td>X</td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td>X</td><td>Early Release, Parole, Pardon</td></tr></table> According to the 2010 WHO report, there is substance use abuse policy in the Ivory Coast for drug use, but it falls within the same policy as alcohol abuse and mental health (there is no policy regarding just SUDS.)[1315]	Political instability in the country is a major impediment in properly setting up ATI for SUDS.[1317] There is also a lack in resources dedicates towards implementing ATI programs for SUDS[1318] in Ivory Coast. Other types of offenses generally take precedence making it more difficult to implement ATIs for SUDS.

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				The WHO report also indicates the availability of programs to divert clients away from the criminal justice program and towards treatment. It is difficult to assess how many people are able to be treated because there is no governmental budget dedicated to SUDS and people must make out of pocket payments to be treated (Ivory Coast is an impoverished country and most people would not be able to make these payments).[1316]	

1. Do laws allow for ATIs for SUDs? If so, are these laws implemented?	2.Does national drug control strategy allow for development of ATIs for SUDs?	3.Does public opinion support ATIs for SUDs?	4.What is the nature of the professional drug treatment community?	5.Which ATIs are in (1) operation or (2) under consideration by the govt. for SUDs?	6.What are the major barriers impeding the development of ATIs for SUDs?
<table><tr><td>x</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> Djibouti's legal and judicial system stems from French Napoleonic Code, Customary Law, and Islamic Sharia Law.[1319] Minimal information is available regarding Djibouti's stance on incarceration alternatives.[1320] At current, laws do not allow for ATIs for SUDs. In general, incarceration for drug use is rare. Punishment is reserved for those who traffic or produce drugs, mainly cocaine, heroin, and alcohol.[1321] Djibouti has a low incarceration rate, with only two prisons that house roughly 600 prisoners.[1322] Most of those incarcerated do	National drug control strategy does not allow for the development of ATIs for SUDs.	There is no information available on public opinion support for ATIs for persons with SUDs. However, Djibouti is unique in the sense that many of its citizens suffer from drug addiction. Yet, the drug in question, Khat, is legal and the sale of the drug accounts for much of the government's tax revenue.[1324] Those who use it cannot face prosecution for partaking. There is no indication that the public would support incarceration alternatives for persons with SUDs since drug use convictions are rare and the main drug used is legal.	Djibouti does not have a professional drug treatment community or a national association of drug treatment professionals. The nation suffers from inadequate access to health care and medical professionals.[1325] There are approximately seven nurses, two doctors, and one community health worker per every thousand citizens.[1326] Djibouti is aware of this issue and opened a medical school in 2017.[1327] There is no indication that the University of Djibouti's Medical school offers specialization in drug treatment provision or psychological degrees.	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Djibouti's criminal code stipulates tcorrectional penalties incurred can include but are not limited to imprisonment, fines, and community service.[1328] Unfortunately, community services can only serve as an alternative to incarceration if	Impediments to the development of ATIs for people with SUDs stem from the fact that the nation is underdeveloped and impoverished. Forty-two percent of the population lives in extreme poverty-[1331] There is minimal access to healthcare, adequate drinking water, food, education, and hygiene products.[1332] Before Djibouti can explore justice system reform, it must first care for its citizen's most basic needs. Additionally, almost half of the male citizens of Djibouti are addicted to Khat, intertwining drug use with everyday life.[1333] There is no evidence indicating that the government plans to prohibits

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not fall into the category of those convicted of drug crimes.[1323]				the offense is punishable by one year or less in prison.[1329] Since drug crimes are punishable by five to twenty years in jail, community service is not applicable.[1330]	Khat use at any time soon.

The Democratic Republic of Congo

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The DRC laws regarding drugs were enacted in 1917, based on The Hague Convention of 1903”[1334] and have not been updated since.

“There is very little information about the rates of arrest and the nature of the sentences imposed for crimes related to drugs in the DRC.”[1335]
</td>
<td>Drug policy is not a priority in the DRC, and the country is still lacking the funds and resources necessary to set up this sort of effort.

“Narcotics control is not a priority in the DRC. Relative to neighboring African nations, drug enforcement in the DRC suffers from a lack of resources and training. (…) The effectiveness of host government counter-narcotics efforts therefore is greatly reduced by the lack of expertise, training, equipment, and funding.”[1336]</td>
<td>No information on public opinion support for ATI for persons with SUDs</td>
<td>Individuals must go to general mental health services for SUDs and make out of pocket payments if they wish to be treated.[1337] (DRC is a very impoverished country and it can be assumed not many people will be able to make these payments.)

“Treatment for SUDs is integrated with mental health care and can also be provided by tradipractitioners.”[1338]

There is no specialized unit dedicated to the treatment of SUDs in the DRC.

Many people turn to NGOs, the private sector, or religious institutions for treatment. (A theology professor,</td>
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<table>
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- The DRC has begun implementing specialized courts to prosecute ‘serious international crimes’[1340] but it remains unclear if these courts will address drug use specifically.
</td>
<td>“The Democratic Republic of the Congo (DRC) faces political, structural, and socioeconomic challenges, which include inadequate infrastructure, corruption, and a limited capacity to raise and manage national revenues. Ongoing internal and cross-border violence, instability, and the presence of numerous armed groups, particularly in the eastern provinces, slow development efforts.”[1341]

The DRC has outdated drug laws and no official national drug policy, which makes implementing any sort of ATI for SUDs challenging.

The DRC also struggles with political instability and corruption making it difficult to establish ATIs for SUDS because these sorts of efforts require stability.</td>
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			Kavis Kasereka, took it upon himself to create a treatment program for SUDs and "His five-day evangelistic program focuses on mindfulness, healthy habits and self-care.")[1339] Kasereka claims 450 people have participated in his program.	These specialized courts demonstrate the DRC's willingness and ability to establish specialized courts to prosecute different issues.	

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<table><tr><td>X</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> Laws do not allow for the development of ATI for persons with SUDs. However, there is some leniency noted in the Equatorial Guinea's penal code that is reserved for first-time offenders who can be pardoned and exempt from a penalty at the judge's discretion.[1342]	The national drug control strategy does not mention the development of ATI for SUDs. Decree-Law 2-b/1993 indicated that all drug policies are under the jurisdiction of the Ministry of Health, which is responsible for developing • policies and action plans to treat those with SUDs, • Assisting those who seek treatment, and • Inspecting the conditions of private treatment facilities.[1343]	There are no national opinion polls with data available on support for ATIs for persons with SUDs.	There is not a national association of drug treatment professionals or a branch of international associations of drug treatment professionals in Equatorial Guinea.[1344] There does not appear to be any private, public, or NGOs offering treatment to those with SUDs.[1345] There is not a medical school in Equatorial Guinea. We found no indication that there is education in specialized medicine occurring in the nation.	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> No available information on ATIs for persons with SUDs.	As a developing country, Equatorial Guinea lacks the resources to successfully modify its criminal justice system to allow for the development of ATI for those with SUDs. Additionally, they lack the resources necessary to train medical professionals to treat those with SUDs. Although Equatorial Guinea has made efforts to allow for leniency for first-time offenders, there is a clear lack of developed law and policy specifically for those with SUDs.[1346]

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<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> Current laws do allow for ATIs for persons with SUDs in specific situations, however, there is no indication that these laws are implemented.[1347] Articles 208 and 209 of Gabon's Penal Code outline the prescribed punishments for drug sale, brokerage, use, and offering.[1348] Article 208 stipulates for the allowance of medical treatment and detoxification for those who used drugs under medical treatment.[1349] There was no further explanation or application specific information on this law found. There is no indication that this aspect of the law is implemented.[1350]	National drug control strategy did not specifically mention the development of ATIs for persons with SUDs.	No information on public opinion support for ATIs for persons with SUDs.	There is no national association of drug treatment profession or branches of the international association of drug treatment professionals in Gabon.[1351] Of those receiving treatments for SUDs, ninety percent are treated in the public sector and ten percent are treated privately.[1352] There are no NGOs offering treatment in the country.[1353] Treatment for alcohol and drug use is available for inpatient or outpatient detox, but there is no long-term treatment or substitution therapy for opioid dependency.[1354] Notably, there are no screening or intervention by primary care professions, but treatment is intergraded with mental healthcare.[1355]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> There are no ATIs for person with SUDs.	The country has strict drug laws and underdeveloped policies for persons with SUDs impeding the development of ATI for SUDs Additionally, Gabon is underdeveloped and lacks infrastructure, investments, and resources.[1361]

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			There is one medical school in Gabon, Faculté de Médecine et des Sciences de la Santé (FMSS). There is no information on the school's website indicating if they offer specialized medicine or psychiatric and psychological degrees.[1356] There is a unique community of locals treating drug addiction by supplying the drug "iboga."[1357] In 2017, the drug "iboga" caused a slight boost in tourism as tourists began traveling to Gabon to seek the drug.[1358] In the United States, Iboga and other hallucinogenic are illegal.[1359] However, in Gabon, the drug is legal. The drug has been credited as an “addiction cure” with several clinical studies noting it as helpful in overcoming dependencies to methadone and		

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			heroin.[1360] However, iboga treatment costs up to 3,000 per person and has been known to cause death.		

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Decree-Law No. 3 stipulates the prescribed punishment for drug user is a medium-term prison sentence and a fine between five hundred thousand and fifty hundred thousand Guinean francs[1362]. The law does not define what constitutes a medium-term imprisonment. Despite the legislation in place, drug use in Guinea is rarely prosecuted. Local law enforcement and prosecution is lax.[1363] In general, Guinea's legislation provides that courts have the prerogative of deciding whether to hand down a combined sentence of imprisonment or fines, however, no records are indicating the court's typical leanings.[1364]
</td>
<td>National drug control strategy did not specifically mention the development of ATIs for persons with SUDs.</td>
<td>There is no empirical or public opinion data on the support of ATIs for SUDs.</td>
<td>There is no national association of drug treatment profession or branches of the international association of drug treatment professionals in Guinea.[1365]

There is minimal treatment available for SUDs. Of those receiving treatment for alcohol and drug use disorders
• 70% is public
• 10% is private
• 20% is through NGOs.[1366]
However, there are no outpatient programs and only twenty inpatient beds available[1367]. Primary care physicians are not screening for SUDs.[1368]

There are only four psychiatrists practicing in Guinea.[1369] These individuals generally provide treatment services.</td>
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There are no ATIs for person with SUDs.
</td>
<td>Impediments to the development of ATIs for SUDs is the lack of established treatment centers, the lax underdeveloped criminal justice system, and the lack of medical resources available in the country.[1370]</td>
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<table><tr><td>x</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> The penal code of Madagascar combines French penal code and customary law.[1371] Laws punish both the use and possession of recreational drugs such as khat and marijuana with long-term imprisonment and hefty fines.[1372] Current Malagasy laws allow for treatment and rehabilitation for persons with SUDs, but there are no ATIs available for these individuals.[1373] The Interministerial Anti-Drug Commission of the Republic of Madagascar has indicated an effort to update • The nations master drug-control plan • Drug control laws, and	National drug strategy did not specifically mention the development of ATIs for person with SUDS. The Interministerial Anti-Drug Commission of the Republic of Madagascar has indicated an effort to update • The nations master drug-control plan • Drug control laws, and • Laws on precursors and psychotropic substances.[1375] To date, no updates have been made available.	No information on public opinion support for ATI for persons with SUDs.	The government is the primary unit responsible for creating treatment services for those with SUDs, but there is not much funding for these treatment services.[1376] The professional drug treatment community is mostly public, with only five percent of treatment programs being private[1377]. Most of the alcohol and drug treatment is combined with mental health counseling. Drug and alcohol use disorder treatments is primarily managed by • General Practitioners, • Psychiatrist, and • Primary health care workers.[1378] There are eleven universities in Madagascar with offerings of general and	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> There are no ATIs for person with SUDs.	The biggest barrier impeding the development of ATIs for persons with SUDs is the justice system. Over half of Madagascar's prison population is pretrial detainees, which violates international law and creates a public health crisis among those incarcerated.[1382] Additionally, the country lacks the resources and funding necessary to effectively treat SUDs.

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• Laws on precursors and psychotropic substances.[1374] To date, no updates have been made available.			specialized medical degrees offered at some institutions.[1379] Notably, Madagascar has adopted more treatment-based efforts. The nation has been following the UNODC preventative measure and has introduced online training modules on counseling and treatment for various regions of the country.[1380] However, the fight against drug use remains in supply and demand reduction.[1381]		

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<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> The current drug related legislation in Mali is Law no. 01-078, 2001. The penal code does not seem to make a difference between drug use and drug possession. Sanction for personal use: 6 months to 3 years imprisonment, and a fine.[1383] A person may avoid incarceration if they agree to a detox program under these terms: -"Article 131: after medical examination, people who use illegal psychotropic substances or precursors may be compelled by reasoned decision of the investigative court or upon judgment to	National drug strategy did not specifically mention the development of ATIs for persons with SUDs. Mali does not consider drug-related issues to be a priority.[1385]	Mali has seen an increase in drug consumption as it increasingly becomes a trafficking transit point, but drug use remains very secretive and illicit in nature. It seems mental illness and drug use are often conflated in Mali contributing to the negative stigmatizing of drug use in the country. There is very limited information regarding public opinion of ATI for persons with SUDs.	Mali lacks drug treatment centers. The only areas drug user can go to seek treatment in Mali are The Department of Psychiatry at National Point "G" Hospital and the Mental Health Center in Bamako.[1386] Most individuals that end up in these treatment centers were not sent by the courts, but "rather suffer mental illnesses unrelated to drug use."[1387] "Mali thus has no specialized drug addiction treatment facility, nor facilities for general counseling, drop-in service, community aftercare and support services, or specialized outpatient services."[1388]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td>X</td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Mali has a "dedicated special committee in the legislature (…) charged with providing oversight"[1389] in the implementation of drug legislation.	Mali has focused most of their efforts on anti-drug trafficking and have limited resources dedicated to support persons with SUDs. Drug use is often negatively conflated with mental health issues (often unrelated to drug use), perpetuating the stigma of persons with SUDs as outsiders in society.

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undergo treatment. In this case, the judgment is suspended; Article 132: detoxification treatment should be provided in a dedicated facility or under medical supervision. The judicial authority shall be informed of its progress and results by the responsible physician in charge."[1384] (It is difficult to known how often this happens due to the general lack of knowledge regarding drug use and their needs in Mali.) The person must agree to these terms and cooperate, or they may face conviction if they do not.				Special courts are in the process of being established (will be temporarily under the jurisdiction of the High Court in Bamako)[1390] "Malian law grants drug addiction treatment to users who have been charged to court or are serving prison terms but does not provide guidance on the types of specialized facilities that should be made available for treatment, which as a whole remain unavailable."[1391]	

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<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> The current Niger penal code does not provide for ATIs for SUDs The main drug related legislation in Niger is Ordinance No. 99-42, 1999 (Individuals may face up to a year in prison and a fine for drug possession or use.)[1392] Article 107 of this law indicates a person that supplies drugs to a person in detox will face double the sentence (indicating there is knowledge in Niger regarding drug users as being victims to drugs.)[1393] Article 145 states a person may be eligible to avoid incarceration if: the person is a minor,	-National drug control strategy in Niger does not allow for the development of ATIs for persons with SUDs due to the generally more punitive approach taken The Ministry of Justice in Niger has been coordinating the efforts to end drug demand, but through a punitive approach because Niger has been increasingly targeted by trafficking, and the amount of tramadol seized is increasing.[1397]	There has been increased efforts in reducing stigmatization of SUDs and creating services designed for SUDs (for example persons with SUDs are now brought to the national hospital with a service known as 'pavilion E' meant to wean persons with SUDs off substances.[1398] Overall public opinion regarding ATIs for SUDs is unclear, but there has been increased efforts in breaking down negative stigmas of persons with SUDs.	FENILAND (Fédération Nigérienne de Lutte Anti-Drogue) is another institution that focused on drug demand reduction in Niger (organized by the Ministry of Health)[1399] and it focuses on anti-drug corruption efforts as well as treatment for users The city of Niamey mostly deals with prevention efforts of drug use (more than 50 institutions have been sensitized to SUDs needs)[1400] The nature of the professional drug treatment community is to talk about drug use and remove the stigmas by encouraging parents to talk about their child's drug use especially because drug use can easily lead to drug trafficking and participation in other	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td>X</td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td>X</td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td>X</td><td>Early Release, Parole, Pardon</td></tr></table> Niger's penal code allows for some individuals to have a deferred sentence if they are a minor, not in a state of recidivism, and promise never to consume drugs again in front of a jury.	The Niger penal code tends to unfavorably regard drug users, especially those in a state of recidivism, but NGOs and organizations have begun successful efforts in closing the gap between civil society and the government regarding drugs use. Overall Niger lacks the funding needed to establish treatment and ATIs for SUDs, and before ATIs can even be implemented, Niger must create drug treatment capacities.

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the person is not in a state of recidivism, the person declares to never do drugs again in front of a jury. Article 115 states persons with SUDs may be exempt from incarceration or in addition to a sentence be imposed to a detox treatment (those who refuse may face 1-5 years in prison and/or a fine.)[1394] The penal code does indicate mandatory sentences but does not specify if judges can divert from these mandatory sentences.[1395] The key institution in Niger responsible for the implementation of drug legislation is CCLAD (Coordination de la Lutte Anti-Drogue au Niger.)[1396]			extremist groups using drugs as funding.[1401]	The penal code is mostly punitive in nature and outdated (1999). Most ATIs in Niger have been developed by NGOS and are still during development (the main obstacle being the negative stigma of users and most SUDS unwillingness to seek treatment due to fear of reprisal). Niger's courts may "decide to request an individual to undergo treatment, education, after-care or rehabilitation for some offences" but "failure to adhere to this treatment will result in up to 5 years' imprisonment and a fine."[1402] Although Niger does allow persons with SUDs the option of receiving treatment, it is unclear how efficient and properly equipped these treatment centers are.	

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<table><tr><td>X</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> The Congo, up until recently, only had two laws regarding drug legislation, "an August 1929 decree prohibiting the cultivation of hemp and its use as a narcotic, and an April 1932 decree regulating the possession of poisonous substances."[1403] In 2004 the Congolese parliament adopted the 1961 UN Single Convention on Narcotic Drugs, its 1972 amendment, the 1988 UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, filling a void in country's body of law.[1404] This new adoption was crucial for Congo who will now "benefit from	National drug control strategy does not mention the development of ATI for persons with SUDs	Drug use in the Congo is highly stigmatized, especially from family members.[1406] People in the Congo tend to express anger and negative emotions towards drug users because many have forgone their duties of taking care of their elders.[1407] The negative stigma of drug users in the Congo are clear, but it is unclear whether the public would support ATIs for SUDs or would prefer a more punitive approach.	People with SUDS "receive treatment is a psychiatric hospital in the capital, which handles only the most extreme cases."[1408] There is no annual governmental budget in the Congo dedicated to rehabilitation programs for SUDs. Most persons with SUDs must make out of pocket payments to receive treatment.[1409] Treatment is usually integrated with general health care. Most funding for rehabilitation programs for SUDs in the Congo come from international organizations.[1410]	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td>X</td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Congo has indicated interest in creating alternatives to incarceration, but it is unclear if these alternatives have been implemented, and whether they apply to SUDs: ("In the same year (…) Congo-Brazzaville, took steps to establish	The Congo has been victim to conflict over the last few years, increasing the amount of drug users present, who are looking for ways to escape the violence and trauma occurring around them. Overall, the main impediments for Congo are lack of stability in the state, high levels of corruption, and ongoing conflict in the region (drugs are often given to soldiers to make them easier to manipulate.)[1412]

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the support of the United Nations and other international organizations in fighting the illicit traffic of drugs and psychotropic substances, as well as from international expertise in the training of officials in the customs, police and health sectors."[1405] Aside from these changes in the Congolese penal code, it is unclear if the law allows for ATIs for SUDs because these legal changes are mostly targeted towards drug trafficking.				community service work as an alternative to prison.")[1411]	

1. Do laws allow for ATIs for SUDs? If so, are these laws implemented?	2.Does national drug control strategy allow for development of ATIs for SUDs?	3.Does public opinion support ATIs for SUDs?	4.What is the nature of the professional drug treatment community?	5.Which ATIs are in (1) operation or (2) under consideration by the govt. for SUDs?	6.What are the major barriers impeding the development of ATIs for SUDs?
<table><tr><td>X</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> There are no laws that allow for ATI for persons with SUDs. Article 594 of the Rwandan penal code holds that drug users are punished with "imprisonment of one (1) year to three (3) years and a fine of fifty thousand (50,000) to five hundred thousand (500,000) Rwandan francs."[1413] Under Article 47 of the Rwandan Penal code, "as an alternative to incarceration, those convicted of crime imprisonment of six (6) months to five (5) years, the Court may order that the person serve half (1/2) of the term of his/her sentence in performing community	Rwanda's national drug control strategy is in development. Over the last few years, the Rwandan government has called for stricter approaches to drug offenses.[1415] The government has gone as far as to say that "drugs are the root cause of human rights violations" and argued for a "name and shame" approach further stigmatizing users.[1416] These tough on drug stances are at the core of the developing policy.	Rwandan's citizens view drugs as a detriment to society.[1417] Knowing this, politicians have curried favors and the support of voters by pushing punitive tough on drug policies and intensifying the drug crackdown.[1418] The public sentiment toward drugs is problematic and has led to further stigmatization of those with substance-use disorders.	Rwanda does not have a national association of drug treatment professionals and is not a member of the national branches of international associations of drug treatment professionals.[1419] Rwanda does have a drug rehab center in Iwawa Island.[1420] The facility has housed thousands of persons with SUDs, the homeless, and petty criminals.[1421] The Rwanda government claims the facility is a detox and rehabilitation center, but the facility does not implement evidence-based practices and is known for its poor conditions.[1422] Rwanda has four medical schools, two in Kigali, one in Gitwe, and one in Burato.	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> The current ATIs available for persons with SUDs are limited. While there is community service available as a non-custodial punishment, it is reserved for those who would	The way society and the government view and stigmatize drug addiction is the biggest barrier to the development of ATI for SUDs. Additional barriers stem from the penal code, which fails to address the under-utilization of noncustodial sentencing and the extremely high fines those sentenced.[1426]

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service as an alternative penalty to imprisonment."[1414] Thus, all those convicted of a drug crime must serve at least some of their prison sentence.			Some programs offer specialized medicine.[1423]	be incarcerated for six (6) months to five years.[1424] Drug penalties carry a minimum sentence of a year; so, a person with SUDs will have to spend at half of their sentence incarcerated and then perform community service following their incarceration.[1425]	

1. Do laws allow for ATIs for SUDs? If so, are these laws implemented?	2.Does national drug control strategy allow for development of ATIs for SUDs?	3.Does public opinion support ATIs for SUDs?	4.What is the nature of the professional drug treatment community?	5.Which ATIs are in (1) operation or (2) under consideration by the govt. for SUDs?	6.What are the major barriers impeding the development of ATIs for SUDs?
<table><tr><td>X</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> There is no available information on ATIs in the penal code. Article 9 holds that "production, manufacture, wholesale and retail trade, and distribution, transport, possession, offer or transfer for payment or free of charge, acquisition, use, import is prohibited."[1427] The punishment for possession or use is two months to one year in prison,[1428]	National drug control strategy appears to be in development. On September 11, 2018, the Kofi Anna Foundation's new Model Drug Law for West Africa was launched.[1429] The model aims to guide policymakers in the region to more effective drug laws that protect the welfare and health of the people.[1430] Although the new model still takes a law enforcement approach to punish serious drug offenders, it takes a more lenient approach for users.[1431] The new policy stems from harm reduction strategy and scientific- evidence based practices.[1432] Notably, for drug use and personal possession, the Model Drug Law sets out alternatives to	Public opinion in Senegal appears to be in favor of more lenient punishment for persons with SUDs and the public supports the creation of nonstate drug programs.[1434] Notably, the public is also in support of minor sentences for first-time offenders and underage offenders.[1435] Those brought before the court for the first time can avoid incarceration by making a declaration before the court to not do drugs.[1436] Additionally, first-time offenders usually spend less than one month in jail or are given a warning.[1437]	Senegal has a drug treatment community associated with the West African Commission on Drugs. Inside the state-run Fann Hospital in Senegal is the Center for the Integrated Management of Addiction.[1438] Locally known as the CEPIAD (Centre de prise en charge intégrée des addictions de Dakar), the program offers • methadone treatment, • psychological counseling, • medical treatment from a primary care doctor, • HIV services, • workshops, • reintegration family services, • peer support networks, • clean needles,	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Senegal's CEPIAD program is part of their community-based health program models. It does not appear that CEPIAD is being used as an ATI but rather as a rehabilitation center for users seeking help. CEPIAD	The biggest barrier to alternative to incarceration for those with substance use disorders are the laws and policies, which need reform to match the current regional policies and programs being embraced. The laws need to be reformed to allow for CEPIAD and other future community health-based programs to serve as ATIs.

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	conviction and punishment.[1433]		• opium substitutes, and • condoms.[1439] The center takes a community health approach by sending mediators and representatives into high drug use areas to recruit new patients for the clinic.[1440] Many of those paid representatives attended the École nationale de médicine et pharmacie, the University in Dakar medical and pharmacy school or were formally in treatment themselves.[1441]	would make an excellent non-custodial community program, but it appears that the criminal justice system is not funneling patients into the program, instead, it exists as a separate health-oriented entity.	

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The Misuse of Drug Act of 2016 lays out the offenses involving controlled drugs, evidence and investigation procedures, court procedures, alternative measures for drug users, sentencing guidelines, and general provisions.[1442]

Instead of incarceration, a person who is detained for drug use receives a "formal caution" instead of arrest and subsequent incarceration.[1443] This procedure allows for a person to accept responsibility for their drug use and then be referred to social support services and when necessary, placed
</td>
<td>National drug control strategy is currently being updated.

Previous strategies have allowed for the development of ATIs for SUDs. The National Drug Control Strategy Master Plan of 2009 to 2012, embraced a Portuguese style of drug policy, in which addiction was viewed as a chronic and treatable disease.[1448]

In 2017, the agency for the Prevention of Drug Abuse and Rehabilitation was established.[1449] The policies being developed by this administration allows individuals to access medical and psychological support.[1450]

These policies focus on</td>
<td>There is no survey-based public opinion date on support for ATI for SUDs.</td>
<td>Spearheaded by the Agency for the Prevention of Drug Abuse and Rehabilitation (APDAR), in collaboration with the Department of Health, the government offers treatment across the nation. APDAR started in a small office with seven employees and now has over 100 employees who have developed treatment programs.[1452]

The main program at current is their Methadone Maintenance program. In which mobile methadone clinics in the form of vans and busses travel to impoverished areas with Methadone. The Methadone is administered by qualified nurses to ensure those in recovery</td>
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In 2016, the Drug Court Treatment Bill was drawn up as an alternative to the Misuse of Drugs Act.[1456] Ultimately the bill was not enacted as legislators voted in the favor of
</td>
<td>There are no major barriers impeding the development of ATI for SUDs. Seychelles is a small island nation with a high amount of addiction, yet it was able to produce effective legislation and comprehensive drug policy allowing for the treatment of individuals rather than the stigmatization and criminalization.</td>
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into treatment.[1444] After receiving two formal cautions within a year, the third caution requires 10-days of in facility assessment for dependencies issues.[1445] These cautions do not create a criminal record.[1446] Thus, the law helps persons with SUDs avoid stigmatization.[1447]	• Education, • Prevention, • Demand Reduction, • Harm Reduction • Community and After Care.[1451]		are giving the correct dose of Methadone.[1453] Additionally, APDAR's programs provide individuals with access to medical and psychosocial support including, • General Practitioners, • Nurses, • Psychiatrist, • Social Workers, and • Psychologist.[1454] The University of Seychelles partnered with the American Institute of Medicine in 2000. This medical school offers programs in specialized medicine.[1455]	the Misuse of Drugs Act.[1457] It's important to note that although there is no "drug court' per se, all courts have been trained to carefully assess drug dependencies and treat per the Misuse of Drug Act.[1458] Drug-dependent people are funneled out of the criminal justice system and into non-custodial programs developed by APDAR.[1459] The formal caution system is the country's form of pre-arrest administrative referrals to treatment.	

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There is no available information on ATI in the penal code.

Current punishment for drug use and/or possession is 5-20 years imprisonment plus a fine.

The main drug legislation in Togo is Law No 98-008, 1998.

Togo is also one of the only countries where the sentence for drug supplying and trafficking is the same as drug possession for personal use[1460] (most countries punish drug trafficking, supplying and production more severely than possession for personal use)
</td>
<td>There is no national drug strategy.

Due to the lack of national drug policy to address SUDS, the burden often falls on civil society to help persons with SUDs (religious institutions especially)</td>
<td>There is a lot of misinformation and shame around the topic especially from families.

Drug use is becoming an increasingly severe problem in Togo.[1462]

Drug users stay secluded in ghettos (“concentration of drug addicts in isolated ghettos where access for non-drug-users is impossible”)[1463]

Because drug users stay amongst themselves in secluded areas the public perception of drug use and users is limited, and public opinion tends to be negative.

There is very limited public support for ATIs for SUDS given</td>
<td>RAPAA (Research Action Prevention Accompaniment of Addictions)[1464] has opened a psychological care center for people with addictions but “for the moment, we do not offer services for weaning and medical treatment.”[1465]

People often turn to religion as a way of accessing care and treatment for drug use.

Drug use is considered a very personal issue that should be dealt with in private

“Although the authorities have been making attempts and efforts, there are no specific entities providing comprehensive care to drug users in Togo, especially the young users. Parents are often clueless and do not</td>
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- Togo does not have any ATI in operation or in consideration at this time.

Togo has started a prison reform campaign given the horrendous living conditions and human rights violations
</td>
<td>The major impediments are disinformation around drug use, the lack of proper institution to help drug users, the increase of trafficking in the area, and the severe punishment of drug users.</td>
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"a defendant may seek treatment in exchange for their prison sentence (in the former, allowing the judge to replace incarceration with a fine)"[1461] in particular circumstances. Article 112 exempts a person from punishment for drug use if: the individual is a minor, if they are not a repeat offender, if they promise never to consume drugs again in front of a jury. Although the law technically does allow people to seek treatment if they qualify, the options for persons with SUDS are limited and pretty much non-existent for individuals who relapsed.		misinformation regarding the topic.	know where to turn."[1466] "Pasteur Yao has succeeded in winning the trust of the ghetto inhabitants. He is the only outsider accepted by the addicts, who freely enters these unhealthy spaces. He organizes Bible meetings and does his best to educate people on the need to give up their drug habits" [1467] (SUDS in Togo are very distrusting and only accept help from specific people, from the church in particular)	currently in Togolese prisons: "around 70 per cent of the prison population have never brought their case before a judge, and some have waited for years. Often detainees have been accused of petty crimes." [1468] Drug use in Togo is taken very seriously and is not regarded as a petty crime. Togo announced an anti-drug policy to take place in the 2020-2024 period, but it is unclear if this policy will provide any aid to SUDS or establish ATI. For the moment it is mostly aimed towards fighting drug trafficking.	

Analysis
Team 6: Francophone Africa
Lindsay Lerner and Josephine Kehm

Introduction: The International Narcotics and Law Enforcement Affairs Office of Global Policies (INL) has been working to track what type of alternatives to incarceration (ATI) exist across the globe. Often those with SUDs are funneled into the criminal justice system instead of into medical treatment. It is important to understand which countries are creating treatment interventions in lieu of incarceration and which are not yet equipped, willing, or able to do so. This analysis is focused on the efforts made by countries in Francophone Africa.[9] Researching information regarding any alternatives to incarcerations for persons with SUDS in Francophone Africa was very challenging due to the general lack of information surrounding the topic.

Legal framework summary for the region: Francophone Africa, also known as French speaking Africa, is not a united region. Africa is divided into five main geographical regions North, West, Central, East, and South. There are French speaking countries found in the Western,[10] Central,[11] and Eastern zones.[12] The region as a whole does not have laws in place for ATI for persons with SUDs. Most of these nations struggle with many other issues causing an impediment to the development of their legal and criminal justice systems. In French-speaking Central Africa, few countries have laws that are supporting ATIs for persons with SUDs and none are implemented. The same holds for Western and Eastern African countries. Notably in Seychelles, those detained for drug use are given "formal caution" instead of arrest and subsequent incarceration. Persons with SUDs can accept responsibility for their drug use and receive social support and evidence-based treatment. The laws in Seychelles help persons with SUDs avoid stigmatization. This is the only country in the region to have implemented laws allowing for ATIs for persons with SUDs.

Drug control strategy/Political will/Public Opinion: Most of Francophone Africa is not receptive to ATIs for persons with SUDs. It is difficult to assess the political will and public opinion of these countries as there is a minimal collection of public opinion data across the region. Comoros is reported to have one of the lowest levels of drug use worldwide, and thus the development of drug control strategy for persons with SUDS in this country is not considered a priority. On the other hand, Seychelles has a master plan and an agency responsible for creating policies that treat rather than punish drug use and subsequent dependency. Senegal has made efforts to develop drug policies that match the valiant efforts made by the drug treatment community. Overall, there is minimal effort to create

[9] Countries include Benin, Burkina Faso, Burundi, Cameroon, Côte D'Ivoire, Chad, Comoros, Republic of Congo, Democratic Republic of Congo, Djibouti, Gabon, Guinea, Equatorial Guinea, Madagascar, Mali, Niger, Central African Republic, Rwanda, Senegal, Seychelles, and Togo.
[10] Countries found in the Western region include Benin, Burkina Faso, Côte d'Ivoire, Guinea, Equatorial Guinea, Mali, Niger, Senegal, and Togo.
[11] Countries found in the Central region include Burundi, Cameroon, Chad, Republic of Congo, Democratic Republic of Congo, Gabon, and the Central African Republic
[12] Countries found in the Eastern region include Comoros, Djibouti, Madagascar, Rwanda, and Seychelles.

policies in this region that encourage using ATI for persons with SUDs. The lack of opinion polls and data makes it unclear if the political will is in place to support developing such policies.

Drug Treatment Community: The drug treatment community in Francophone Africa is extremely limited. Most countries are struggling with domestic conflicts, political instability and poverty making resources destined to create drug treatment centers exceedingly rare. Most countries that do possess some sort of drug treatment community, do not have providers trained in specialized medicine related to drug treatment. Some countries do have rehabilitation centers, but these centers are often lacking the proper resources and education on stigmatization. The people in most countries hold many negative stigmas towards drug use and users, and are therefore unwilling to support a drug treatment effort. Notably, Senegal has a developed professional drug treatment community offering mobile and stationary treatment centers, mental health counseling, and social support services.

ATIs in operation or under consideration for persons with SUDs: Most ATIs in operation or under consideration for persons with SUDs in Francophone Africa are limited. Some countries have developed or are in the early stages of developing certain ATIs. Drug courts are currently being considered or developed in Mali, the Democratic Republic of Congo and the Comoros. Many countries have begun making a more concerted effort to divert SUDs away from the criminal justice system and into rehabilitation treatment centers such as Rwanda, Seychelles, Niger, Cameroon, Senegal, Mali, Burundi, and Chad. Other countries have included in their penal code options that would allow person with SUDS to be pardoned in specific contexts. Many countries have expressed interest in developing ATIs for persons with SUDs but are currently unable to due to ongoing issues within the country.

Barriers for ATIs for persons with SUDs: The most common barriers found for the development of ATI for SUDs in Francophone Africa is lack of health and financial resources, underdeveloped infrastructure, and political support. These barriers are sometimes due to ongoing conflicts, political instability, underdeveloped policies and laws, overcrowded justice systems, stigmatization and general misconceptions regarding drug users. Alarmingly, some countries have bigger problems to deal with such as figuring out how to provide their citizens with food, clean drinking water, hygiene products, education, jobs, medication, and medical attention.

Conclusion: Francophone Africa is still struggling with many different issues making the development of ATI for persons with SUDs in this area of the world a challenge. Many countries have shown interest in developing ATI that would divert users away from the criminal justice system and into treatment programs. With time, additional resources, the development of infrastructure, and increased health-related resources, Francophone Africa will be in a better position to develop ATI for persons with SUDs. The development of effective law and policy in Seychelles, Côte D'Ivoire, and strategic efforts made by other countries such as Senegal prove that despite the barriers, there is promise regarding the future development of ATI for SUDs.

Angola

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<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> Yes, laws allow for ATIs for persons with SUDs. For offenses that result in a custodial sentence of less than one year, community service may be considered as an alternative.[1469] For persons with SUDs involved with the criminal justice system, under Chapter VI, Art. 87, a court referral to "internment in an establishment for cure, treatment or security," may be applied.[1470] There is limited evidence that these provisions are implemented.	No, while national drug control strategy does exist in Angola it does not specifically mention the development of ATIs for persons with SUDs.[1471] In Angola, most of the national health plans/strategy are disease-control focused. (HIV/AIDS, Malaria, Tuberculosis, etc.)[1472]	No information on public opinion support for ATIs for persons with SUDs.	The professional drug treatment community is limited. <10% of the population is able to receive treatment for SUDs, which falls under Angola's mental health service.[1473] The public sector provides roughly 70% of available care, while the private sector provides about 15%, private-public joint venture provides about 10%, and NGOs provide the remaining 5%.[1474] The drug treatment community involves psychologists, psychiatrists, and mental health nurses.[1475] Although there is limited supply of practitioners, they operate within four residential care facilities, one psychiatric unit of a	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td>X</td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td>X</td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Community service, probation, early release and referral to inpatient treatment for SUDs are the ATIs outlined in the legal framework of the Angolan Penal Code.[1478]	It is noted that Angola does not have a significant presence of substance abuse.[1479] However, for those who do suffer from SUDs, access and availability to treatment is limited.[1480] Therefore, drug treatment capacity needs to be built up before ATIs would be beneficial. Limited capacity for prevention and treatment as a result of lack of funding are Angola's largest barriers for developing ATIs for persons with SUDs.[1481] Judiciary efficiency and capacity is another barrier. Reports state that many courts are "in a state of

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			hospital, and three mental hospitals. Patients do not have to pay out-of-pocket for their services.[1476] Most services are provided in the Luanda Province, in and around the capital city of Luanda. This includes Angola's largest general hospital, Josina Mache.[1477]	It is unclear if these are in operation and to what extent they are used. There is no information that points to the consideration of other ATIs for persons with SUDs.	degradation,"[1482] many wait long periods of time in prison awaiting trial. Adequate legal representation for the accused is also limited.[1483]

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<table><tr><td>X</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> No, laws in Botswana do not allow for ATIs specifically for persons with SUDs involved with the criminal justice system.[1484] Under the Botswana Constitution, Art. 5 (h), an individual with a SUD can be denied of the "Right to Personal Liberty, for the purpose of his/her care or treatment or the protection of the community."[1485] And under the Botswana Drugs and Related Substances Act No. 18 of 1992, possession of drugs for personal use is subject to a custodial sentence of >10 years and "without the option of a fine."[1486]	No national drug control strategy exists in Botswana. There have been ATI programs implemented in Botswana; however, they are not directed at persons with SUDs.[1487] In 2014, Botswana Prisons Services, the Ministry of Defence, Justice and Security announced the need for both rehabilitation policy for those in prison as well as alternative sentencing policy.[1488] From the available information regarding these policy initiatives, there is no indication that ATIs and rehabilitation during incarceration are designed specifically for persons with SUDs but are rather focused on education to support reentry. This type of rehabilitation effort is also not designed to medically treat persons with SUDs.	No information on public opinion support for ATIs for persons with SUDs.	The Ministry of Health is responsible for the provision of health care, in general, while a parallel private sector also exists.[1491] There is no evidence that points to medical specializations in Botswana's medical schools for the treatment of SUDs in the public sector.[1492] BOSASNet, is a notable NGO that began in 2010 and offers free outpatient services to the public. It is the only treatment facility in Botswana, located in the capital city of Gaborone.[1493] These services include substance abuse education, prevention and rehabilitation and support services.[1494] It is noted that counsellors at BOSASNet have undergraduate degrees,	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td>X</td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Community service as an ATI is currently applied to low level offenses in Botswana. The Batswana (people of Botswana) refer to this option as 'extra-mural labor.'[1496]	From the limited available information, the largest barrier impeding the development of ATIs for persons with SUDs is that current ATIs do not incorporate substance abuse treatment, nor are they designed for persons with SUDs in general. Other logistical barriers include a lack of financial resources, human resources, and limited accessibility to health services.[1499] Drug treatment capacity needs to be built up before ATIs would be beneficial. Eligibility for an ATI is not outlined in the legislation, although there is evidence that they

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However, some ATIs are still present for low level offenses.	The Botswana Attorney General's Office with the assistance of the Commonwealth did however implement a pilot project called "Supporting the Development of a Sentencing Policy Encompassing Alternatives to Imprisonment in the Administration of Justice in Botswana," which began in 2012. This resulted in two policy documents that were submitted to the Cabinet and relevant ministries in 2015.[1489] Some of the "legislation design" included a "Sentencing Council for Botswana, and "Community Service as an Alternative to Imprisonment."[1490] There is limited evidence to suggest this legislation passed and is in operation.		mostly in psychology and they also undergo Substance Abuse Counselors Training.[1495]	There is evidence of case dismissals via verbal sanctions with warnings.[1497] Other ATIs reported to be in operation include probation, and suspended sentences.[1498] There is no available information on whether these ATIs are offered country-wide or for persons with SUDs.	ATIs are in operation. Research shows significant local demand for medical professionals,[1500] and no evidence of addiction specializations in the medical field.[1501] The existing empirical data on persons with SUDs is limited.[1502] There is a lack of evidence showing that the Ministry of Health, the Attorney General's Chambers (AGCs) and the Botswana Prison Service collaborate on projects related to treatment for persons with SUDs involved with the criminal justice system, which is a significant barrier for development of ATIs for persons with SUDs.

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Yes, laws allow for ATIs for persons with SUDs. Under Cape Verde's national legislation, Article 22 of LAW 78/IV/93, the legal penalty for a drug offense, if the crime he/she is convicted of has clear linkage to a drug dependency issue can be suspended.[1503] The person involved with the criminal justice system must voluntarily undergo treatment for an appropriate duration as ordered by a judge. This applies to both inpatient and outpatient care.[1504] Article 23 of LAW 78//IV/93, "Treatment in connection with a pending case" allows for those awaiting trial to be	No national drug control strategy exists. However, the National Integrated Program (NIP) for the Fight Against Drugs and Related Crimes, is a 5-year initiative supported by the UNODC and other partners, created in 2018, directed at prevention, care, and treatment of dependencies.[1507] In combination with current legislation, NIP should allow for increased development of ATIs for persons SUDs. Cabo Verde has also asked for assistance in drafting new drug legislation from the UNODC, aimed at shifting focus from criminalizing persons with SUDs to addressing SUD as a health issue.[1508]	No information on public opinion support for ATIs for persons with SUDs.	The public sector provides the majority of SUD treatment (95%), under mental health services. The private sector provides about 2% of all treatment, and NGOs provide roughly 3%.[1510] Cape Verde's Ministry of Health, under Art. 21, section 3, is committed to providing adequate care for SUDs who seek out treatment. They are also committed to ensuring private facilities are well maintained and provide dignified treatment conditions for patients.[1511] Hospitals are the primary source for SUD treatment services. In Cape Verde's two main hospitals, Praia and Mindelo, treatment is administered under mental health care	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td>X</td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Cape Verde's drug legislation (LAW 78/IV/93) allows for pretrial diversion and suspension, outlined under Art. 23.[1516] However, other sources conclude that pre-trial diversion is not available/in use.[1517]	Cape Verde has governmental support and the support of civil society organizations for the development of ATIs for persons with SUDs, however lack of resources is a significant barrier to implementing ATIs, despite legislation allowing for them. As a result of Cape Verde's small population and lower-middle income economy, they rely heavily on international partnership for funding. The NIP 5-year initiative (2018-2023) is slow getting off the ground because of awaited funding (€6.3 Billion).[1519]

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provided treatment if their case also reflects a drug dependency. On a periodic basis, a physician or other health professional relays a report of the patient's progress to the court, who then makes a "determination on the status of the person's case if it considers such to be necessary."[1505] For minors and first-time offenders, some courts will accept a "solemn declaration" not to use drugs again rather than sentencing them.[1506]	As a new Commission for the Coordination of Drug Prevention forms, the law should be adopted soon.[1509]		services, which covers SUDs.[1512] Under the general health care system, therapeutic community treatment is also provided. This is the case in Praia, Cape Verde's largest city, located on the island of Santiago.[1513] Praia's abovementioned residential SUD treatment center was funded in part by Lux Development (LuxDev), an international aid/development agency of the Luxembourg government.[1514] Within the therapeutic community, there are clinical professionals (i.e., doctors, nurses, mental health professionals and counselors) as well as non-clinical professionals for mainly administrative support and maintenance of the center.[1515]	There is evidence that drug courts are in operation,[1518] but is unclear if this ATI is offered throughout the country's islands or main cities.	Cape Verde faces the growing challenge of large-scale drug trafficking, mostly cocaine, through its islands (10), and much attention is directed towards supply reduction.[1520] Prioritizing ATIs for persons with SUDs equally to efforts aimed at disrupting trafficking routes and networks is a major impediment here. However, the government, local and international partners are supportive of demand side reduction, health-oriented approaches and prevention efforts for SUD related crime.

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<table><tr><td>X</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> No, laws do not allow for ATIs for persons with SUDs. Under the State of Eritrea's Penal Code of 2015, Art. 395 (p. 253) "Possession of Controlled Drugs for Personal Use or Consumption," and Art. 396 "Possession of Controlled Plant," (pg. 254) both are punishable "with a definite term of imprisonment of not less than 6 months and not more than 12 months."[1521] The law does state that one can pay a fine of 20,000-50,000 Nakfa ($1,300-$3,300 USD) in substitution for a custodial sentence.[1522] There is no available information on ATIs in the penal code specifically for persons with SUDs.	No national drug strategy exists. However, recently on July 25, 2019, the Eritrean government and the United Nations Office on Drugs and Crime (UNODC) signed a partnership agreement that included policy initiative goals for "Crime Prevention and Criminal Justice," "Prevention of Drug Use," and "Treatment and Care of Drug Use Disorders."[1523]	No information on public opinion support for ATIs for persons with SUDs.	The professional drug treatment community is limited in Eritrea. According to the World Health Organization (WHO), there are no psychiatrists in the country. There are an estimated 120 mental health professionals; however, treatment of SUDs is not mentioned.[1524] The provision of treatment falls under Eritrea's Ministry of Health.[1525] It is reported that an independent body to ensure compliance of mental health care provisions and international human rights does not exist in Eritrea. It is unclear if treatment is evidence-based.[1526] There is limited information on the nature of SUD treatment in Eritrea.	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> There are no ATIs for persons with SUDs in Eritrea.	Eritrea faces significant challenges regarding poverty, sanitation, drought, access to clean drinking water, and conflict at the country's southern border. These issues take precedence over ATI initiatives for persons with SUDs involved in the criminal justice system.[1527] For the development of ATIs, changes in legislation are needed and may present challenges within Eritrea's one-party government. Drug treatment capacity needs to be built up before ATIs would be beneficial.[1528]

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<table><tr><td>X</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> No, laws in Ethiopia do not allow for ATIs for those involved with the criminal justice system including persons with SUDs, resulting in a high use of imprisonment.[1529] Ethiopian legislation, outlined in the Criminal Code of the Federal Democratic Republic of Ethiopia (2004) states that the possession of drugs, including for personal use "is punishable with rigorous imprisonment for not less than five years, and fine not exceeding one hundred thousand Birr."[1530] Penalties (custodial sentencing <10 years and heavy fines are applied liberally to	Yes, the legal framework of the Ethiopia National Drug Control Master Plan, 2017-2022 does allow for the possibility of ATIs for persons with SUDs.[1532] This includes advocating for pretrial diversion and redirecting persons with SUDs to health and social services rather than the criminal justice system.[1533] Other strategy areas include programs directed at intervention, early identification, prevention, and harm reduction.[1534] Providing affordable and accessible treatment is also a part of this plan.[1535] These developments are part of a larger criminal justice reform process currently underway, as	No information on public opinion support for ATIs for persons with SUDs. Some research does point to an increase in drug use and various drug trends in Ethiopia, particularly injectable drugs, however the problematic use of legal substances is the most documented in academic literature.[1537] Discussion around the abuse of Khat is present in academic and medical environments. (i.e., universities, medical community)[1538] The discussion about ATIs for persons with SUDs is largely absent.[1539]	The professional drug treatment community is offered by the public sector, the Ministry of Health. Under the Ministry of Health, "health extension workers" engage with the public daily at the household level when appropriate. Some of these instances include referrals for treatment, following up post-treatment as well as offering drug use prevention counselling.[1540] There is one publicly operated facility for the treatment of SUDs; The Substance Rehabilitation Center, located in Mekele, which opened in 2015.[1541] There are limited private treatment centers (4) located in the capital city of Addis Ababa.[1542]	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td>X</td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> There are no ATI for persons with SUDs.[1545] Pretrial Diversion is under consideration, as outlined in the National Drug Control Master Plan 2017-2022.[1546]	Current legislation does not allow for ATIs for any/all of those involved with the criminal justice system, including persons with SUDs. The drafting and passing of legislation to allow for ATIs options for persons with SUDs is the primary barrier impeding the development of ATI. If new legislation allows for ATIs for persons with SUDs, the second barrier is capacity building for drug treatment. There is just one public rehabilitation center offered in the country. This indicates that operational capacity will be a significant challenge for the provision of ATIs such as pretrial diversion and health

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crimes where drug dependency is perceived by the judiciary as the cause for criminal conduct. (Art. 525)[1531]	current legislation does not allow for ATIs.[1536]		Otherwise, NGOs have very limited operational power because of the provisions in the Charities and Societies Proclamation (2009). As a result, NGOs are not a presence in the professional drug treatment community in Ethiopia.[1543] Partnership with the UNODC provides medical professional trainers (Treatnet) who support the improvement of services offered.[1544]		services referrals, both of which are being discussed by the Ethiopian government. Accessibility is another barrier to the development of ATIs for persons with SUDs as the country's only public center is not located in Ethiopia's capital and most populated city, Addis Ababa. Efforts directed at demand reduction receive low budget allocation, which also hinders the development of ATIs for persons with SUDs.[1547]

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<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> There are some contradictions in findings regarding if laws in the Gambia allow for ATIs for persons with SUDs. There is also evidence of mandatory minimum sentencing, specifically for possession of cannabis regardless of the amount,[1548] outlined in Section 35 of the Drug Control Act (2014).[1549] However, there is also evidence of a drug court: the Banjul Magistrates Court.[1550] Other reports found that in some cases, fines may be applied as a substitution to a custodial sentence at the	No national drug control strategy exists. However, the Gambian government has announced a goal for a new mental health policy, which would apply to persons with SUDs; however, it has not yet been adopted.[1552] The proposed policy, drafted by the Gambian government with assistance from the World Health Organization (WHO) and partners, does not specify if this policy will connect persons with SUDs involved with the criminal justice system.[1553] Incorporating treatment of SUDs and rehabilitation programs into drug legislation is however reportedly in the works.[1554]	No, public opinion support for ATIs for persons with SUDs is hindered by significant social exclusion of and discrimination against persons with SUDs in the Gambia.[1555] There is a presence of stigma, 'negative attitudes' and 'misconceptions' towards those with SUDs as well as mental health issues in general.[1556] The Gambia is home to many ethnic groups and tribes who each have their own traditions and perceptions towards SUDs and mental health, making it difficult to generalize the entire country's 'public opinion' as it pertains to ATIs for	On 11/8/2019, the country's first cohort of addiction professionals, trained on the Universal Treatment Curriculum was created.[1558] This cohort and other related programs are facilitated by the Drug Law Enforcement Agency the Gambia (DLEAG)—funded by the European Union and other partners.[1559] There is a significant shortage of psychiatrists in the Gambia. In 2012, it was reported that only two psychiatrists (0.08 per 100,000) were present.[1560] Professional training on drug and alcohol abuse for health workers was strategy #10 of the nation's Mental Health Strategic Plan 2007-2012.[1561]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td>X</td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Drug courts are in operation in the Gambia.[1564] There is evidence that cases are heard in Court 3, the Banjul Magistrates Court, located in the capital city of Banjul.[1565] There is no available information on	Inefficiency in the judicial system is a major barrier for the development of ATIs for persons with SUDs because of an already overburdened court system. [1567] The Gambian judiciary incorporates customary, Sharia, general law, and tribal law;[1568] with this in mind, arriving at standardized consensus for ATIs may be a challenge. On the treatment logistics front, limited infrastructure as well as limited supply of trained medical staff are the largest barriers to developing ATIs for persons with SUDs.[1569]

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discretion of the presiding judge.[1551]		persons with SUDs.[1557]	The Polyclinic Mental Health Unit known at the Royal Victoria Teaching Hospital, now called Edward Francis Small Teaching Hospital, located in Banjul, remains the only facility that offers mental health treatment and care, which SUDs fall under.[1562] It unfortunately lacks adequate national budget allocation.[1563]	whether this ATI is offered country wide. It is noted that several cases are adjourned because of language interpretation issues of various tribal dialects for which the court lacks interpreters.[1566]	

1. Do laws allow for ATIs for SUDs? If so, are these laws implemented?	2.Does national drug control strategy allow for development of ATI for SUDs?	3.Does public opinion support ATI for SUDs?	4.What is the nature of the professional drug treatment community?	5.Which ATIs are in (1) operation or (2) under consideration by the govt. for SUDs?	6.What are the major barriers impeding the development of ATI for SUDs?
<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Yes, laws allow for ATIs for persons with SUDs. Under the *Narcotics Control Commission Bill,* which was recently made into law (March 20, 2020), the charge of possession of drugs for personal use is now a fine between (GHC 2,400 - 6,000) rather than a custodial sentence.[1570] This law replaces the *Narcotic Drugs (Control, Enforcement and Sanctions) Law* of 1990 (PNDC Law 236), which made personal use of drugs a mandatory minimum custodial sentence of 5 years, and possession for personal use a minimum of 10 years.[1571] This is a very recent and monumental step towards	No national drug control strategy exists in Ghana; however, the recent legislative changes (*Narcotics Control Commission Bill),* indicate that policy initiatives such as this, welcome the development of various ATIs for persons with SUDs. For persons with SUDs involved with the criminal justice system specifically, the Narcotics Control Commission has also included the priority of 'Treatment, Rehabilitation and Social Re-integration' in their policy objectives.[1573] This strategy would be directed at offenses that may indicate an underlying SUD (i.e., petty larceny, theft, etc.).[1574] It remains unclear if a custodial measure is	There is evidence of varying attitudes about SUDs throughout the country. However, in one study, which explored "risk factors regarding substance abuse in Ghana," participants shared that "drug addiction is not viewed as an illness in Ghana."[1575] Spiritual communities perceive SUDs to be an issue of morality, and this contributes greatly to social alienation as persons with SUDs, particularly People Who Inject Drugs (PWID), are "demonized by society."[1576] Other communities, such as the medical community, view SUDs as a treatable illness.[1577] Treatment from traditional healers and religious	The public sector is responsible for about 70% of both drug and alcohol use disorder treatment being offered,[1580] specifically by the Ghana Health Center.[1581] NGOs provide a portion of treatment services, and a small portion is provided by private and joint public-private ventures.[1582] There are also private centers, mainly in the capital city of Accra.[1583] Treatment of SUDs fall under mental health services provided mostly by psychiatric hospitals,[1584] mainly in the southern part of the country.[1585] Ankaful Psychiatric Hospital, located in Cape Coast (central Ghana) serves a patient population of roughly 300.[1586] The staff include	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td>X</td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/ Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table>	The current legislation is limited to the substitution of a monetary penalty rather than a custodial sentence, but provides some room to develop other ATI options (i.e., non-custodial community programs, pre-arrest administrative referrals to treatment, etc.) Adequate funding so that persons with SUDs involved with the criminal justice system as well as those with SUDs within the general public do not have to pay out-of-pocket for treatment and care is a current objective of the Ministry of Health.[1593] Other issues like budget monitoring, transparency, and participation[1594] are barriers that impede

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understanding SUDs as a public health issue, rather than solely a criminal justice one for Ghana.[1572]	enforced if the person involved with the criminal justice system is unable to pay the fine.	bodies is available but is not evidence-based.[1578] There is also a presence of justice intervention programs spearheaded by civil society organizations that partner with the Republic of Ghana and involve the dedication of local volunteers. For example, the Justice for All program (JFAP), makes clear that some Ghanaians support the implementation of ATIs for persons with SUDs, as they have developed "Mobile in-prison Special Courts' for those awaiting trial mostly for drug-related offenses.[1579]	2 mental health specialists, one clinical psychologist and 85 nurses.[1587] The University of Ghana Medical School at Korlebu Teaching Hospital (Accra) and the University of Medical Sciences at Komfo Anokye Teaching Hospital (Kumasi) offer post graduate training in mental health disciplines, which include SUDs.[1588] Ghana College also has a local program aimed at mental health science training and encourages specialists to remain in the country.[1589] Unfortunately, more Ghanaian trained psychiatrists currently work abroad than in Ghana.[1590]	ATIs that include referrals to treatment are not present in Ghana.[1591] However, Justice for All (JFAP), a national program, has implemented 'Mobile In-prison Special Courts' throughout the country to adjudicate cases of those awaiting trial, many regarding drug-related offenses.[1592] The Special Courts program, while in operation is not referenced/outlined in national legislation.	the logistical development of programs and facilities. Some of the existing drug treatment services lack evidence-based practices and experts fear that this does not provide incentive for voluntary treatment goers. This is another barrier for the development of ATIs for persons with SUDs if government and civil society stakeholders do not believe these services will be effective.[1595] There is significant local demand for professional mental health specialists.[1596] There are just 12-16[1597] psychologists reported to be practicing in the country. Programmatic collaboration between Ghana Health Service,

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					the Ministry of Health (responsible for all health policy) and the Narcotics Control Commission, under the Ministry of the Interior, is needed to developing programs that suit persons with SUDs while also working to reduce recidivism. Lack of cross-sector collaboration is another barrier to developing ATIs for persons with SUDs.

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<table><tr><td>X</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> No, laws in Guinea-Bissau do not allow for ATIs for persons with SUDs involved with the criminal justice system.[1598] Under Art. 14 of Decree-Law No. 1/76, after serving his/her sentence (1-3 years prison or forced labor), persons with SUDs can be court ordered to a detoxification center for 6 months-1 year.[1599] Referral to treatment is only a provision after a custodial sentence is served. For first time offenders, judges can use discretion and offer pardons for possession of drugs for personal use; however, this provision is not	No, in February of 2020, the Council of Ministers approved a National Strategic Plan with help from the UNODC, but it did not specifically mention the development of ATIs for persons with SUDs, including rehabilitation or prevention efforts.[1601] The issue of SUDs is acknowledged in drug control policy initiatives; however, only in the context of responding to HIV and AIDS, and the role of SUDs in disease transmission.[1602] Separately, drug supply reduction is the primary focus of drug control strategy as Guinea-Bissau struggles with the presence of large-scale drug trafficking.[1603]	No information on public opinion support for ATIs for persons with SUDs.	The professional drug treatment community in Guinea-Bissau is limited. There is one mental health facility offering outpatient and inpatient services. There is a presence of mental health nurses, psychologists, and social workers; however, psychiatrists are not present in Guinea-Bissau.[1604] There is one drug treatment center, Desavio Jovem, located in Quinhámel, which is 30km from the capital city of Bissau. It is a faith-based rehabilitation center with a team of six trained counselors. There are no doctors, psychologists, or use of polytropic medicines. The center has seen success; however, it is not an evidence-based program.[1605]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> There are no ATIs for persons with SUDs.	The urgent narco-trafficking situation in Guinea-Bissau and the need for increased security capacity takes precedence over other justice initiatives, making ATIs for persons with SUDs not the current priority.[1606] This current challenge eclipses demand-reduction, which in turn impedes efforts to developing ATIs. Nonetheless, drug use disorders are present and growing in the country due to the large influx of narcotics. A very limited infrastructure for police, prisons, the judiciary, and mental health provisions is the major barrier to impeding the development for

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designed for persons with SUDs.[1600]					ATIs for persons with SUDs.

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Yes, laws allow for ATIs for persons with SUDs. Under the Kenyan Community Service Orders Act. No. 10 of 1998, the option for community service as an ATI is available.[1607] The Kenyan Probation Service, under the Probation of Offenders Act (Cap 64). established in 1948, allows for probation as an ATI for cases comprised of low-level offenses.[1608] Community Service and Probation are administered by the Directorate of Probation and After-Care under the Office of the Vice President and the	Yes, the 2017 National Protocol for Treatment of Substance Use Disorders in Kenya, outlines the efforts of the Ministry of Heath to support ample access to treatment, community outreach programs, interventions, as well as in-patient and out-patient treatment for persons with SUDs.[1617] Kenya's Mental Health Policy 2015-2030 announced goals of a national strategic program to integrate SUD management in the health and social welfare system, prioritizing evidence-based practices, and the encouragement of cross sector (justice and health) collaboration.[1618] The Mental Health Bill of 2018 which would replace the Mental Health Act of 1989 if	No, ATIs are perceived "relatively negatively," and deemed too lenient by Kenyan respondents.[1623] It is unclear if the same sentiment is applied to ATIs for persons with SUDs, specifically. Poor public support for ATIs for persons with SUDs, particularly the Community Service Order is attributed to the lack of sensitization to SUD and SUD-related crime, respondents say.[1624] Some reports conclude that lack of education on the advantages of ATIs prohibit the public from supporting many initiatives.[1625]	The public sector, specifically the Ministry of Health (MOH) and the County Government Departments of Health deliver most SUD treatment services. The MOH is responsible for the development of health policy and management of Kenya's five national referral health facilities as well as County level oversight.[1626] The MOH offers drug treatment and interventions including pharmacological treatment, psychosocial interventions, and aftercare support.[1627] The MOH is committed to evidence-based practices and the presence of trained professional staff.[1628]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td>X</td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td>X</td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td>X</td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Probation, Bail and Community Service Orders, Suspended Sentencing are all in operation country-wide,[1633] however in some counties, some ATI options such as Community Service Orders are more	Kenya is East Africa's leading nation in the implementation, infrastructure and use of ATIs; [1638] however, lack of accessible public services for SUD treatment is a barrier for rehabilitation-oriented ATI options.[1639] Lack of confidence in ATIs from the perspectives of judges and magistrates is another impediment to the future development of non-custodial measures, as ATI referrals are not administered 50-80% of the time, despite being available.[1640] Frequent 'turnover rate' of trained staff, particularly in the Community Service Order committees is a drain on ATI funding, which makes it

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Ministry of Home Affairs.[1609] The Kenyan Constitution, revised in 2010, under Ch. 10 Judicial Authority Art. 159, Section 3, allows for "alternative forms of dispute resolution including reconciliation, mediation, arbitration and traditional dispute resolution mechanisms shall be promoted, subject to clause."[1610] The legal framework allowing for Probation and Community service respectively are in the process of revision to be more in line with the new Kenyan Constitution (2010).[1611] The Narcotic Drugs & Psychotropic Substances Act of 1994, under Art. 58 "Committal of Persons to Centres," allows for a court referral to a rehabilitation center for offenders found in possession of drugs for personal use as a result	passed, would require the public sector to provide community-based care, ensuring that both treatment and prevention are offered and are accessible.[1619] These provisions include prevention, early intervention, rehabilitation and follow-up.[1620] Other pertinent legislation such as the Alcoholic Drinks Control Act of 2010[1621] and the Narcotic Drugs and Psychotropic Substance Act of 1994,[1622] both require that the government provide treatment to persons with SUDs.		The County Departments of Health provide the bulk of care for persons with SUDs on the ground. However, there are only three facilities that offer rehabilitation services for persons with SUDs out of 5,800 total facilities country-wide.[1629] The National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) offers professional training for addiction professionals.[1630] Among other initiatives including educational campaigns on prevention, NACADA carries out inspections of and accreditations to private rehabilitation centers to ensure "professionalism and service standards."[1631] They operate as a "semi-state"	operational than others due to funding availability.[1634] Recently, Programme for Legal Empowerment and Aid Delivery (PLEAD), a collaboration between the UNODC, the Kenyan government, the European Union, UN, and civil society have developed a policy for an Intensive Supervision Programme and Electronic Monitoring and a Bail Supervision, which includes "streamlining" the current bail and bond provisions issued under the Constitution.[1635] Probation and Community Service Orders are national policies that are implemented at the district/county level with supervision of these policies at work on a local level, via Community Service Order Committees.[1636] The provision of community-based care for persons with SUDs is outlined in the Mental Health Bill of 2018, which is under consideration.[1637]	difficult for budgets to keep up with delivering proper training to new supervisors and officers.[1641] ATIs in non-urban areas require more funding, particularly for the provision of Probation.[1642] In Kenya, legislation for ATIs for persons with SUDs is well outlined, however funding and accessibility to treatment are the greatest barriers for further development of ATIs.

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of a drug dependency. The court can offer this provision in exchange for a custodial sentence.[1612] Section 15 (1) of the Kenyan Criminal Procedure Code allows the courts to issue a suspended sentence if the offender does not reoffend within the "operational period."[1613] It is noted that data is inconclusive on whether this ATI is used, and how frequently.[1614] Article 49 (2) of The Kenyan Bill of Rights, outlines that pre-trial detention does not apply for crimes punishable by a fine only or by imprisonment of six months or less, respectively.[1615] Article 49 (i,h) of the Kenyan Constitution of 2010, under the Rights of arrested persons, the provision of bail, bond and release on an individual's own recognizance is available.[1616]			organization, under the Ministry of Interior and Coordination of National Government.[1632]		

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Yes, laws allow for ATIs for persons with SUDs. Under the Drugs of Abuse Act of 2008, alternative sentencing for persons with SUDs involved with the criminal justice system is available.[1643] Compulsory treatment and rehabilitative provisions are outlined under Part IV: "Drug Abuse, Treatment and Rehabilitation," of the Drugs of Abuse Act of 2008.[1644]	No national drug control strategy exists; however, a National Health Strategic Plan does, and it addresses the need of health promotion, counselling, and treatment for persons with SUDs.[1645] Another goal outlined in this strategy is an increase in 'coverage' for SUD treatment, meaning an increase in reach of and access to care.[1646]	No information on public opinion support for ATIs for persons with SUDs.	The public sector offers about 71% of SUD treatment and NGOs provide the remaining 29% of services.[1647] The Thaba Bosiu Rehabilitation Centre, located in the capital city of Maseru is the only inpatient rehabilitation center for SUDs. It was originally a joint venture between Basotho civil society (Blue Cross Lesotho) and Blue Cross Norway. Currently, it is fully funded by the Ministry of Health. It is unclear if the center employs evidence-based methods.[1648] It is noted that psychiatric nurses comprise most of the country's mental health professionals.[1649]	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td>X</td><td></td><td>Community Service Sentencing</td></tr><tr><td>X</td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> ATIs that are currently in operation include house arrest, community service and periodic detention.[1650]	Legislation allows for ATIs and the compulsory referral for rehabilitation; however, treatment centers are limited in Lesotho. The number of persons with SUDs that undergo evidenced based treatment is unknown. Limited resources and adequate health budget allocation is a major barrier impeding the development and continued operation of SUD treatment centers in Lesotho.[1651] The Thaba-Bosiu center closed its doors in 2018 due to funding issues involving disagreements with representatives from the Ministry of Health.[1652] Although the center has since

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					reopened, consistent funding and healthy partnership is needed for treatment to be available for referred persons with SUDs.

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<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> Yes, laws allow for ATIs for persons with SUDs; however, there is limited evidence of its implementation.[1653] Under the Controlled Drug and Substances Act, section 14. 109 (2): "as an alternative to conviction or punishment, a court may order [a person who consumes or uses controlled drugs or substances] undergoes measures of treatment, education, after-care or rehabilitation."[1654] However, this provision is not applied at the pre-trial stage,[1655] and most of Liberia's prisons comprise of individuals awaiting trial (64% in 2019),[1656]	No national drug control strategy exists; however, there is a strategy document called "At Work Together," instituted by the Economic Community of West African States (ECOWAS) under the United Nations, which among its objectives includes "Drug Prevention and Health" as well as "Justice and Integrity" goals.[1659] It is not a document created by the Liberian government and it does not outline goals to develop ATIs for persons with SUDs.	No information on public opinion support for ATIs for persons with SUDs.	The professional drug treatment community in Liberia is limited.[1660] There is one psychiatric hospital in Liberia, the E.S. Grant Mental Health Hospital, located in the capital city of Monrovia, where individuals with SUDs can receive inpatient care and outpatient consultations and care.[1661] Capacity for inpatient treatment is 80 patients.[1662] The World Health Organization notes that mental health professionals are much needed in Liberia as there is only one registered psychiatrist in the country.[1663] In response, the Liberian Ministry of Health partnered with the U.S. NGO, the Carter Center, and	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> There are no ATIs for person with SUDs.	Drug treatment capacity needs to be built up before ATIs would be beneficial, including access to psychotropic medication for SUD treatment.[1666] While pertinent legislation allows for ATIs for persons with SUDs,[1667] they are not offered at the pre-trial stage,[1668] where most of the incarcerated population remains in detention.[1669] Therefore, ATIs have limited scope for applicability. They are also not evidence based. Inadequate funding and institutional capacity are major barriers for the development of ATIs for persons with SUDs in Liberia.[1670]

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The provision under the Controlled Drug and Substances Act also does not guarantee that treatment is voluntary, and evidence based.[1657] Ch. 12 of the Liberian Criminal Procedure Law (Preliminary Examination) does however include the provision of bail for all noncapital or drug-related criminal offenses.[1658]			created a program that focused on an intensive 6-month, mental health training for nurses and physicians' assistants so that they could provide mental health services within the general health care system. Over 260 people went through the training.[1664] NGOs that work on issues specifically for SUDs do not have a significant presence in Liberia.[1665]		Professional medical services are inaccessible due to limited supply of medical professionals[1671] and facilities, particularly mental health professionals.

1. Do laws allow for ATIs for SUDs? If so, are these laws implemented?	2.Does national drug control strategy allow for development of ATIs for SUDs?	3.Does public opinion support ATIs for SUDs?	4.What is the nature of the professional drug treatment community?	5.Which ATIs are in (1) operation or (2) under consideration by the govt. for SUDs?	6.What are the major barriers impeding the development of ATIs for SUDs?
<table><tr><td>X</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Findings are inconsistent. Drugs and drug use are criminalized in Malawi, and drug policy is centered on a "zero tolerance"[1672] stance under the Dangerous Drugs Act.[1673] There are no ATI for persons with SUDs outlined in the Dangerous Drugs Act. Information on sentencing guidelines is unavailable. However, under Ch. 27, "Imprisonment," of Malawi's Penal Code, persons involved with the criminal justice system may pay a fine in addition to or as a substitute for a custodial sentence.[1674] It is unclear if this is applicable	No national drug control strategy exists. However, in the capital of Lilongwe, UNODC held a training session on alternative sentencing for judges and magistrates throughout the country, mostly as a response to prison overcrowding.[1678]	No information on public opinion support for ATIs for persons with SUDs.	The public sector provides roughly 80% of SUD treatment and care under the Ministry of Health's mental health service, while the private sector provides the remaining 20%.[1679] The professional drug treatment community is limited. In 2007, there was one psychologist operating at the Zomba Mental Hospital in the city of Zomba. It is the only "government psychiatric referral hospital" in Malawi.[1680] For persons with SUDs, Zomba Mental Hospital provides long-stay care, acute in-patient care, community services and rehabilitation services.[1681] Government health services are divided among the country's 28	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td>X</td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Community service as an ATI became an option for the judiciary in 2000[1683], but it is noted that this provision is not widely used, and that judges and magistrates require more training on applying it as an alternative.[1684]	Information on programming and initiatives for ATIs for persons with SUDs is limited, which makes identifying specific barriers for development a challenge. There is also limited information on persons with SUDs in Malawi, their treatment options and their experience with the criminal justice system. Most of the available academic literature consists of studies on adolescent alcohol and drug abuse.[1685] From the available information, lack of financial capacity and lack of adequate training on alternative sentencing in the judiciary are

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specifically to persons with SUDs and drug-related offenses. Some reports indicate that ATIs such as fines[1675] and community service are available[1676] but there is limited data on whether they are applied and if they operate country-wide. Other data state that compulsory treatment and diversion programs for persons with SUDs are special legislative provisions.[1677] There is no available information on the specifics of these ATIs.			districts within Malawi's 3 regions. Each district has its own budget.[1682]	There is no information available that points to where the community service provision can be found in legislation. There is also limited data that explain diversion programs offered in Malawi.	significant barriers to developing ATI for persons with SUDs. The legislation is also unclear on sentencing guidelines for drug possession for personal use and if alternatives can be offered. Findings are inconsistent.

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<table><tr><td>X</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> No, laws do not allow for ATIs for persons with SUDs. Drug use and possession for personal use warrants a custodial sentence of >2 years as well as a fine of 50,000-10,000 Mauritania Ouguiya = $140-$280 USD).[1686] Mandatory detoxification is prescribed by the prosecutor and administered by a health care worker prior to incarceration.[1687] It is important to note that, in Mauritania, a majority Muslim country, Sharia is the "sole source" of the legal framework. This is acknowledged in the	No. While there is a national drug control strategy in Mauritania, it is currently centered on combatting supply reduction rather than demand reduction because of the country being a major drug trafficking transit hub.[1691] It is noted that Mauritania has ratified various international drug conventions, but implementation of their protocols is a challenge.[1692]	No information on public opinion support for ATIs for persons with SUDs. However, the UNODC has gathered insights from relevant actors involved in Mauritania's drug prevention and treatment sectors. Aicha Balde, founder of the Associate for Addiction Prevention notes that SUDs in general "is taboo in Mauritania."[1693]	Drug use and SUDs are highly stigmatized in Mauritania. A senior mental health professional noted "the fact that drug-related disorders are not recognized has created a great deal of suffering among users."[1694] The professional drug treatment community is limited. There are two mental health outpatient facilities, affiliated with hospitals.[1695] There is one specialty hospital with two psychiatrists, called the Nouakchott Specialist Hospital located in the capital city of Nouakchott, that offers drug treatment and rehabilitation.[1696]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> There are no ATIs for persons with SUDs nor are any under consideration currently.	A major barrier that impedes the development of ATIs for persons with SUDs is the legal framework that focuses on "repressing" drug use and not rehabilitating it.[1697] SUDs are not addressed as "a public health issue."[1698] Lack of funding and inadequate supply of medical professionals, particularly with specializations in mental health and addiction make the treatment element of ATIs for SUDs not feasible now. Just 1.3% of the annual health budget is allocated to mental health care.[1699]

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preamble of the constitution.[1688] This has significant implications for drug-related offenses as according to *Hadith*, intoxicant substances are "unlawful," and using these substances are akin to "evil."[1689] Additionally, under Article 341 of the Criminal Code of 1983, the consumption of alcohol is subject to a punishment of a "flogging of eighty lashes," and imprisonment.[1690]					

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Sentencing laws in Mauritius allow for alternatives such as fines for misdemeanors, probation, and conditional or absolute discharge depending on conditions and circumstances.[1700]
In the Dangerous Drugs Act, it is stated that drug users who agree to cure their addiction can be sentenced to an alternative program instead of prison including treatment, rehabilitation, education, after care, and reintegration programs.[1701]
</td>
<td>Yes. The 2019-2023 country's Drug Control Master Plan includes provisions for persons with substance use disorders that state probation in combination with undergoing a drug treatment program or is allowed.[1702]

However, many treatment programs for persons with SUDs involved with the criminal justice system are within penal institutions instead of non-custodial.[1703]</td>
<td>Results for public support were mixed for support for alternatives to incarceration in Mauritius.[1704]

46% of those surveyed were against repressive laws and supported other options such as decriminalizing drug offenses and using medical treatment centers instead.[1705]</td>
<td>There are various treatment programs operating under governmental units, NGOs, private-sectors, and hospitals, with nurses, doctors, and other medical professionals.[1706]

However, many treatment programs for persons with SUDs involved with the criminal justice system are administered in penal institutions instead of in non-custodial environments.[1707]</td>
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In Mauritius, fines, probation, and early release, pretrial diversion, and conditional release are used for misdemeanors or when circumstances suggest that the offender does not need to spend
</td>
<td>Many treatment programs for persons with SUDs are still implemented within the penal system,[1710] lacking the full transition into community-based treatment, outside of prison.</td>
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				his/her entire sentence in prison.[1708] Non-custodial community programs are included in the Dangerous Drugs Act, but evidence of treatment programs for persons with SUDs involved with the criminal justice system show that these programs are only offered within prisons.[1709]	

Mozambique

1. Do laws allow for ATI for SUDs? If so, are these laws implemented?	2.Does national drug control strategy allow for development of ATI for SUDs?	3.Does public opinion support ATI for SUDs?	4.What is the nature of the professional drug treatment community?	5.Which ATIs are in (1) operation or (2) under consideration by the govt. for SUDs?	6.What are the major barriers impeding the development of ATI for SUDs?
<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> The revised Penal Code and new Criminal Procedure Code allows a prison term to be suspended in exchange for non-custodial sanctions.[1711] Starting in 2021, courts in Mozambique must use ATI in cases where the law allows the individual to be sentenced to an alternative.[1712] Legislation is not specific about what exact offenses qualify for ATI but the only drug related crime where an ATI cannot be employed is drug trafficking.[1713] These laws are currently in operation, but there is no evidence of any ATI specifically for persons with SUDs.	Yes. The recently updated National Drug Policy in Mozambique includes decriminalization of drugs as a cheaper and more effective way to address the drug problem within the country.[1714] It also emphasizes the importance of accessible treatment, social reintegration, and prioritizing the health of individuals.[1715] This suggests that the National Drug Control Strategy allows for ATI for persons with SUDs.	Although public opinion towards drug use in Mozambique has typically been in favor of criminal justice related punishment for drug-related crimes, there has been an increased support for treating drug users and including them in the National Harm Reduction Plan.[1716]	There are several good quality drug treatment programs available in Mozambique. Substance abuse services for people who inject drugs (PWID) in Mozambique are integrated into programs managed by the National Mental Health Program.[1717]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td>X</td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td>X</td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td>X</td><td>Early Release, Parole, Pardon</td></tr></table> ATIs currently in operation are community service, economic sanctions such as fines, judicial rebuke, and suspension of the case.[1718] There is no evidence that any of these ATI refer people to treatment or screen persons with SUDs.	Challenges to implementing ATI for persons with SUDs in Mozambique are the lack of cooperation between stakeholders in the community, lack of training of personnel, and lack of resources, consistency, and officially reporting standardized system.[1719] All of these things make it difficult to successfully integrate ATI into the judicial system. It is obvious that more research is needed as well as more cooperation between public health and criminal justice sectors, and resources.

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The Criminal Procedure Act, Act No.51 of 1977, provides for alternative treatment of accused persons who are found to have committed criminal acts but are not criminally responsible by reason of mental illness or mental defect under section 77-79. Such individuals may include persons with SUDs.[1720]

Under Namibia's Criminal Procedure Amendment Act of 2010, community service is permissible as an ATI.[1721]
</td>
<td>Yes.
Namibia's Drug Control Strategy mentions ATI such as treatment for SUDs through programs, clinics, and rehabilitation centers.[1722]
The national control strategy emphasizes the need for rehabilitation therapy and community-based programs.[1723]</td>
<td>Drug use is a large problem in Namibia, causing a historically negative perception of drug use and the punishment of persons who use drugs; however, there has been increased national support for drug treatment programs, including alternative programs.[1724]</td>
<td>There are NGOs involved in drug treatment programs in Namibia, drug treatment programs in private facilities and fewer in public facilities.[1725] According to the World Health Organization, there is also a government unit responsible for treatment services for persons with SUDs in Namibia.[1726]</td>
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There is no evidence to suggest the above ATIs are used for persons with SUDs or to refer people to treatment.[1727]

ATIs for persons with SUDs such as treatment programs are allowed by law but are not fully used or implemented.[1728]
</td>
<td>Although Namibia has the potential to implement and use ATI for persons with SUDs, drug treatment programs and other programs are not very common.[1729]

Cooperation between treatment programs and criminal justice system is needed, as well as improved resources, tools, and methods to create better programs.</td>
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<table><tr><td>X</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> No, laws do not allow for ATIs for persons with SUDs. ATI provisions exist[1730] but not for drug-related offenses. Under the National Drug Enforcement Agency (NDEA), the punishment for personal use of illicit drugs is a minimum sentence of 15-25 years.[1731] For adults, if convicted of a drug offense, an individual may be ordered to undergo treatment, education, aftercare, rehabilitation, or social reintegration, but only as a <u>supplement</u> to conviction and punishment, and not as an alternative.[1732]	Yes, the Nigerian government and the UNODC, with funding from the EU, have developed a National Drug Control Master Plan (2015-2019) that focuses on demand reduction, prevention, and proportionate sentencing for personal use drug offense. Through these partnerships, the development of ATIs is possible.[1734]	No information on public opinion support for ATIs for persons with SUDs. The concept of ATIs for persons with SUDs in Nigeria is not present in public discourse. However, the issue of overcrowding in Nigerian prisons is an area of reform with a lot of public opinion support.[1735] There is also dialogue around applying sensitization to drug addiction and use, (i.e., education) primarily in schools to dismantle stigmatization.[1736] It is mostly lead by advocacy organizations. These efforts come largely from NGOs and UNODC	The professional drug treatment community is understaffed and lacks adequate professional mental health training.[1737] Many treatment centers are faith based and employ traditional (Nigerian) and Islamic medicine rather than narcotic drugs that aid in evidence-based treatment for drug addiction.[1738] These programs are rooted in principles of abstinence, which aligns with government policy. Aside from faith-based treatment services, other services are offered by hospitals, but mainly as aftercare providers.[1739] Services as well as mental health professionals are in high demand. Both	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> There are no ATIs for person with SUDs.[1741] Reports have indicated that the use of “non-prison asylums,” where many persons with SUDs have been referred to, employ	The major barriers impeding the development of ATIs for SUDs offenders begin with the rigid framework of the Nigerian criminal code regarding sentencing as well as pre-trial custodial laws.[1746] Stigmatization of individuals with drug dependencies hinders a lot of discourse among policy makers, especially in a highly punitive cultural context.[1747] The cost and limited availability of health care professionals is a major barrier.[1748] A combination of stigmatization and high cost of treatment prevents access to professional drug treatment.[1749]

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When appropriate, the law allows for ATI measures for minors with SUDs, including treatment, education, aftercare, rehabilitation, or social reintegration.[1733] However, the quality of treatment services offered in prisons as well as outside is not evidence-based treatment geared towards individuals with chronic addiction.		partnership initiatives. These initiatives do not derive exclusively from the Nigerian government.	accessibility to a treatment center and availability are challenges to those seeking help. 40% of high-risk drug users surveyed in Nigeria are unable to receive the treatment they want.[1740]	the use of torture as a means of treatment.[1742] Poor conditions and the use of ankle shackles have also been reported in these facilities.[1743] In Nigeria, these '(non) prison asylums' are referred to as correctional psychiatry,[1744] where those involved with the criminal justice system with various mental illnesses, including persons with SUDs are detained for several months-years.[1745]	Other impediments include the lack of data collection about persons with SUDs involved with the criminal justice system and persons with SUDs in general.[1750] Without this necessary data, developing ATIs lack a starting point. Funding is another barrier to the development of ATIs. Nigeria has a partnership with the UNODC, funded by the European Union, but fails to pledge adequate government funding for developed strategy to be implemented and maintained.[1751]

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<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> São Tomé and Príncipe's Penal Law (2012) states that for crimes punishable by less than a year in prison, fines and non-custodial sanctions are permitted.[1752] Community service, probation, parole, suspension of sentence, and social reintegration services were included as ATI options in the 2012 Penal Law.[1753] However, there is no evidence to suggest that ATI are currently in use for persons with SUDs.	No national drug control strategy exists in São Tomé and Príncipe. The Penal Law states that that some drug related crimes are to be punished through a year or more in prison, but the punishment can be mitigated or removed if the individual voluntarily agrees to stop drug use and receive help through treatment services, etc.[1754]	There is limited data available about public opinion regarding ATI for persons with SUDs in São Tomé and Príncipe.	Health care in prisons, and in São Tomé in general, is limited; and interventions, prevention techniques, and policies for drug use disorders are limited as well.[1755]	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td>X</td><td>Community Service Sentencing</td></tr><tr><td></td><td>X</td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td>X</td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td>X</td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td>X</td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td>X</td><td>Early Release, Parole, Pardon</td></tr></table> There is no evidence of the operation of the above, but the 2012 Penal Code includes fines, probation, community service, suspension or shortening of sentence, and social reintegration services for crimes punishable < a year and for drug-related offenses when the	Development is the main barrier. The country is working towards development economically and socially. There has been a lack of development of a public health response to SUDs.

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				offender voluntarily stops drug use and seeks treatment.[1756]	

Sierra Leone

1. Do laws allow for ATIs for SUDs? If so, are these laws implemented?	2.Does national drug control strategy allow for development of ATIs for SUDs?	3.Does public opinion support ATIs for SUDs?	4.What is the nature of the professional drug treatment community?	5.Which ATIs are in (1) operation or (2) under consideration by the govt. for SUDs?	6.What are the major barriers impeding the development of ATIs for SUDs?
<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> The Criminal Procedure Act 2014 includes ATIs such as fines, probation, community service, and suspended sentences.[1757] The 2008 National Drugs Control Act states that if an individual commits a crime in connection with a SUD, they can serve the duration of their custodial sentence in a rehabilitative or treatment center.[1758] However, evidence has not been found to show that these programs are in use.[1759]	Sierra Leone does not have a National Drug Control Strategy available.	There was a lack of information available regarding public support for ATIs for persons with SUDs in Sierra Leone. However, there have been an increasing number of NGOs promoting the use of ATIs.[1760]	Access to health care in general in Sierra Leone is limited because of government corruption, poverty, and a lack of resources.[1761] There is a lack of information on drug rehabilitation and treatment programs. One report stated that there are little to no avenues to drug rehabilitation in Sierra Leone.[1762]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td>X</td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td>X</td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td>X</td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td>X</td><td>Early Release, Parole, Pardon</td></tr></table> In Sierra Leone's laws, ATIs are listed such as community service, probation, fines, and suspended sentences.[1763] However, these alternatives are rarely used in practice for persons with SUDs.[1764]	Failure of the implementation of drug treatment programs as ATIs, lack of resources and funding for treatment programs, and lack of coordination between criminal justice system, government, and health care system.

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<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> The Somalian Penal Code lists imprisonment and fines as the only sentencing options; however, conditional release and extinction of punishment can occur if the individual agrees to rehabilitation instead.[1765] The penal code also states that if the person is addicted to drugs, or under the influence of drugs during the commission of the crime, the sentence/punishment can be reduced.[1766]	There is no current national drug control strategy available for Somalia. However, drug laws under Somalian Criminal Law criminalize drug trafficking, selling, and usage but can be considered a misdemeanor depending on the circumstances/crime.[1767]	Evidence for public opinion in Somalia is not available.	There is little information about the drug treatment community in Somalia, but the public health care system lacks resources, quality, services, and is not evenly distributed throughout the country.[1768] Most health care facilities are private in Somalia, which arguably offer better services.[1769]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td>X</td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td>X</td><td>Early Release, Parole, Pardon</td></tr></table> Fines are the only alternative to incarceration for less-serious crimes such as drug use.[1770] The Somalian Penal Code allows for extinction of punishment such as conditional release, or early release, when mitigating factors exist such as rehabilitation.[1771]	The major barrier to the development of ATI for persons with SUDs is the lack of a strong rule of law and weak institutions which prevent the implementation of ATI and criminal justice reforms in general.[1772]

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				However, little to no evidence has been found that these alternatives exist in Somalia.	

South Africa

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<tr><th>1. Do laws allow for ATIs for SUDs? If so, are these laws implemented?</th><th>2.Does national drug control strategy allow for development of ATIs for SUDs?</th><th>3.Does public opinion support ATIs for SUDs?</th><th>4.What is the nature of the professional drug treatment community?</th><th>5.Which ATIs are in (1) operation or (2) under consideration by the govt. for SUDs?</th><th>6.What are the major barriers impeding the development of ATIs for SUDs?</th></tr>
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</table>
South African sentencing guidelines state that noncustodial sanctions can be applied depending on the circumstances.[1773]
The Criminal Procedure Act 51 of 1977 permits alternatives to incarceration such as rehabilitation in lieu of sentencing.[1774]
Enactment of mandatory minimum sentences combined with sentencing discretion under certain conditions allows judges to depart from custodial sentencing for the purpose of rehabilitation.[1775]
</td>
<td>The current national drug control strategy in South Africa pertains to the National Drug Master Plan, which is the basis for the drug control framework in South Africa.[1776] The plan includes the goal of a community-based approach to drug treatment, and states that the incarceration of drug users could have negative consequences.[1777] In addition, the Prevention of and Treatment for Substance Abuse Act states that these programs are allowed.[1778]</td>
<td>Public support for ATI for persons with SUDs is mixed. At one-point, South Africa held a very “prohibitionist” view on drug use and many still hold this view today.[1779] Although South Africa is considered a reform state by Enacts Continental Drug Report, it also “has found itself in a struggle with drug policy direction.”[1780] As prison overcrowding remains an issue, ATIs are becoming more popular.[1781]</td>
<td>The drug treatment community in South Africa operates under the Department of Social Development.[1782]

Most organizations list on their websites that their providers are licensed and trained counselors, psychologists, therapists, or medical experts.[1783]

SANCA National, NICRO, and Knysna Alcohol and Drug Center are a few of the treatment programs that are currently in operation under the government in South Africa.[1784]</td>
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</table>
ATIs for persons with SUDs include rehabilitation such as treatment programs, as well as correctional supervision such as probation, parole, community-service, electronic monitoring, and alternative programs.[1785]
</td>
<td>The major barriers for the development of ATIs for SUDs in South Africa are policy challenges as there are opposing views on the issue; lack of cooperation and information sharing between law enforcement and public health sectors; lack of evidence-based research, and costs.[1786]</td>
</tr>
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<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> South Sudan's 2008 Penal Code states that "where a person is convicted of the offence of unlawfully possessing or using a dangerous drug, and it is established that the person is an abuser or an addicted to a dangerous drug, the Court may, additionally or alternatively to any sentence, impose a sentence requiring the person to undergo treatment for such addiction."[1787]	South Sudan does not have a national drug control strategy available.	Information about public opinion is limited in Sudan because of governmental limits on civil society; however, there is evidence of NGOs promoting prisoners' rights and criminal justice reforms such as ATI for non-violent offenders.[1788]	According to the World Health Organization, in South Sudan, the health system faces growing health needs and limited resources.[1789] Primary health care centers and units, and hospitals operate under the government; however, they experience shortages in trained workers, lack of financial resources, and a lack of policies/ guidelines.[1790] Private facilities are often limited or difficult to access.[1791]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td>X</td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> The punishments listed in the 2008 Penal Code are death, imprisonment, forfeiture of property, detention in a reformatory, or a fine.[1792] However, the code also allows individuals who have committed a drug-related crime and have a	The major barriers are the lack of research and evidence-based policies, practices, and reforms within South Sudan regarding substance use disorders, treatment, and ATIs. There is a lack of political will and a lack of resources, funds, and overall lack of development across the country which hinders the development of the health care and drug treatment sector.[1794]

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				SUD to be sentenced alternatively such as receiving treatment instead of going to prison.[1793]	

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The Sudan Penal Code (2003) states that death, imprisonment, and forfeiture of property are the only forms punishment and that only juveniles can be sentenced to a reformatory detention.[1795]

The Sudan Penal Code also states that imprisonment, fines, or a combination of both are the only punishment/sentencing options for all drug-related crimes.[1796]
</td>
<td>According to ENACT Africa, in 2015 the country set up a National Drug Control Strategy that was mainly aimed at combating drug trafficking through arrest, seizure, and lengthy prison sentences, and no ATIs for persons with SUDs were mentioned.[1797]</td>
<td>Information regarding public opinion on ATIs for SUDs was inconclusive.</td>
<td>The current drug treatment options in Sudan are inadequate and as of 2018, there was only one government-run treatment center in the capital of Sudan, Khartoum, and none in the countryside.[1798]

Barriers to treatment include absence of services, stigmas, gender inequality, and economic costs.[1799]</td>
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</table>
There are no ATIs implemented or under consideration by the government for persons with SUDs. The only ATI listed in the law is reformatory centers for juveniles.[1800]
</td>
<td>There is a lack of information on drug consumption in Sudan, lack of awareness, lack of scientific evidence-based treatment models, and lack of laws/policies that incorporate treatment of ATIs for persons with SUDs.</td>
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<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> The constitution of Swaziland states that alternative sentences are allowed for children or individuals with certain conditions.[1801] Alternative forms of imprisonment within Swaziland law are the abolition or reduction of sentences of less than six months, home confinement, daily reporting to the police, community supervision and service, electronic monitoring, overnight confinement, extramural employment, parole and probation, and community-based sanctions.[1802] However, although rehabilitation is a goal of the criminal justice system, treatment and rehabilitation are often	No national drug control strategy available for Swaziland.	People in Swaziland tend to perceive drug addiction as a source of entertainment, lack of will power, social problem, or spiritual affliction instead of a disease or illness that should be treated through the health care system.[1804]	Rehabilitation and treatment options for persons with SUDs in Swaziland are limited due to a lack of resources, evidence-based research, and acceptance of drug addiction as an illness.[1805] There are organizations such as psychiatric hospitals, a rehabilitation center, and support groups; however, such centers and organizations are limited and hard to access.[1806] There are some NGOs such as Swaziland Council on Smoking, Alcohol, and Drugs working towards raising awareness in the country.[1807]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td>X</td><td>Community Service Sentencing</td></tr><tr><td></td><td>X</td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td>X</td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td>X</td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td>X</td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td>X</td><td>Early Release, Parole, Pardon</td></tr></table> The ABOVE ATIs for persons with SUDs are under consideration by the government in Swaziland but there is no evidence that these have been implemented as most treatment and rehabilitation occur within prisons.[1808]	One barrier is the lack of public support as the people of Swaziland do not view SUDs as an addiction that requires treatment. Another barrier is the lack of development within the country and the drug treatment community, lack of resources, research-based evidence, and coordination between the criminal justice system and health care system for drug treatment.

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provided in prison instead of outside of the community.[1803]					

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The Criminal Procedure Act of the United Republic of Tanzania states that if an individual is charged with a crime not punishable by death, and has a health disorder, mental disorder, or other circumstance, an ATI can be applied such as community service.[1809] Other possible alternatives are bail, probation, and conditional discharge.

Various other laws and acts have also implemented the use of these alternatives such as The Community Service Act, The Probation of Offenders Act, and The Supervision of Offenders released from
</td>
<td>There is no national drug control strategy available for Tanzania.

However, in the Drug Control and Enforcement Act, treatment, rehabilitation, and education are included, and it states that the individual can be released from prison or given an alternative sentence when treatment is necessary.[1812] .</td>
<td>Law enforcement such as police and correctional officers do not support the use of ATIs for persons with SUDs because of their tough on crime view, and concerns about the dangers of non-custodial sanctions.[1813]

The public is not educated enough on ATIs for persons with SUDs. This has led to both support as well as some rejection of ATIs because of the punitive approach to drug use and crime that has exists in Tanzania.[1814]</td>
<td>In Tanzania, there are community-based outreach programs,[1815] programs within hospitals, NGOs, and other funded clinics that employ nurses, social workers, doctors, pharmacists, and other trained professionals.[1816]</td>
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Community service, bail, probation, parole, conditional discharge, and suspension of a sentence are the main ATIs in operation in Tanzania currently.[1817] The government also has mentioned rehabilitation and drug treatment programs as
</td>
<td>The lack of full support from members of the criminal justice system (law enforcement), and public opinion could be a barrier to fully implementing ATIs for persons with SUDs because of stigmas about drug abuse.

Raising community awareness would be a great first step in Tanzania.</td>
</tr>
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Prison through Parole.[1810] ATIs such as community service have been implemented; in 2011 alone, 748 individuals were offered Community Service as an alternative to a custodial sentence.[1811]				an option for persons with SUDs involved with the criminal justice system.[1818]	

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<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> Although Uganda's sentencing laws allow for judicial discretion on sentencing, including non-custodial sanctions such as fines and community service,[1819] the government of Uganda has criminalized drug use and the possession of drugs is punishable by harsh sentences,[1820] Sentencing laws allow for the development of ATIs and in the 2016 Narcotics Drugs and Psychotropic Substances (Control) Act, rehabilitation is an option as PART of a prison sentence.[1821] Although technically allowed by law, drug control laws make it difficult to use	There is no national drug control strategy available for Uganda.	In Uganda, drug use is on the rise and has typically been viewed as a criminal justice issue rather than a health issue.[1822] Although drug use is overall stigmatized in Uganda, NGOs such as the Uganda Harm Reduction Network are working towards raising awareness and changing perceptions and policies on the issue.[1823]	There are limited treatment facilities, and the treatment options that exist are expensive and hard to access.[1824] As of 2020, Uganda had only 10 registered drug rehabilitation centers for a population of nearly 43 million, all of which are private and highly inaccessible.[1825] Lack of specialists and current drug policy help explain shortcomings in the drug treatment community.[1826]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td>X</td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td>X</td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td>X</td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td>X</td><td>Early Release, Parole, Pardon</td></tr></table> Community service and fines are the main sources of ATIs that are used in Uganda, however, not specifically for SUDs.[1827] If rehabilitation or treatment is needed, a sentence can be given	The biggest barrier to the implementation of ATIs for SUDs currently is the laws and policies on drugs and drug use. Drug use is criminalized in Uganda instead of viewed as a health concern and until that changes it will be nearly impossible to implement ATIs for persons with SUDs. A lack of resources and available, affordable treatment services is also a large barrier. Education and awareness of ATI programs would be a first step.

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alternatives to incarceration for SUDs.				that is part prison sentence part rehabilitation program, and if the individual shows progress, they might be released instead of returning to prison.[1828]	

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> According to the penal code act, sentencing laws in Zambia allow for the use of some alternatives to incarceration such as fines, community service, probation, bail release, and conditional discharge for less serious crimes such as misdemeanors.[1829] Zambia has recently implemented alternatives to incarceration such as referrals to counseling, rehabilitation, and drug treatment court orders.[1830]	No information available about Zambia's national drug control strategy.	There has been an increase in public support for ATI in general to reduce prison overcrowding and human rights violations by diverting less serious offenders away from the prison system.[1831]	The nature of the professional drug treatment community is a mix between NGOs and the public sector.[1832] Although the drug treatment community operates under various national governmental organizations, the treatment community lacks evidence-based methods, trained physicians, and is often inaccessible to certain populations.[1833]	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td>X</td><td></td><td>Drug Court</td></tr><tr><td>X</td><td></td><td>Community Service Sentencing</td></tr><tr><td>X</td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td>X</td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td>X</td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td>X</td><td></td><td>Early Release, Parole, Pardon</td></tr></table> ATIs currently in operation in Zambia are community service, fines, probation, bail release, conditional discharge, or suspended sentences.[1834] Zambia has also recently implemented ATI such as	The laws in Zambia do not specifically include provisions for persons with SUDs involved with the criminal justice system. The Laws would need to be reformed and policy changes need to occur to allow for persons with SUDs to access treatment and ATI programming. However, there has been progress as ATI for persons with SUDs have been implemented due to COVID-19 concerns.[1836]

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				community service, community-based treatment programs, and correctional supervision such as house arrest.[1835]	

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<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> Sentencing laws in Zimbabwe allow for ATI to be used such as community service, fines, and/or a suspended sentence, depending on the circumstances and seriousness of the crime.[1837] For first time offenders, or offenders who committed a crime that constitutes for a punishment of 12 months or less- alternatives like community service can be applied.[1838] However, drug laws in Zimbabwe harshly punish many drug-related crimes such as possession, trafficking, supplying, producing, or procurement, resulting in 5-10 years of	There is no national drug control strategy available for Zimbabwe.	According to the AIDS and Rights Alliance for southern Africa, there is still a long way to go in getting civil society on board with drug policy reform and being supportive of substance use disorders instead of punitive.[1840] This implies that although there are NGOs and supporters of ATI for persons with SUDs, public opinion overall is more supportive of a punitive model on SUDs and crime.	There is limited access to treatment facilities in Zimbabwe, there are very limited public-sector treatment facilities as well as private rehabilitation centers.[1841] Civil society groups and NGOs such as The Zimbabwe Civil Liberties and Drug Network are advocating for evidence-based programs and policies to address problems associated to drug abuse in Zimbabwe.[1842]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td>X</td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td>X</td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Community service deferred or suspended sentences, and fines are all ATI in operation in Zimbabwe;[1843] however, whether or not they are used specifically for persons with SUDs depends on the crime committed. If the individual	Zimbabwe's current drug policies and laws are the main barriers to the development of ATI for persons with SUDs. Drug use or drug usage in this country is viewed as a criminal behavior instead of a health-related issue that should be handled through treatment programs instead of prison terms. Policies and laws, opinions of civil society and decision makers, and a lack of resources and information are the main barriers.

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imprisonment and a heavy fine.[1839]				with SUDs committed a drug-related crime such as trafficking drugs, they will be sentenced to prison and not an alternative.[1844]	

Analysis
Team 7: Rest of Africa
Anne Fatooh and Brianna Rivers

Introduction

The countries examined within the 'Rest of Africa'[13] region or non-francophone Africa vary considerably in their development of alternatives to incarceration (ATIs) for individuals with substance use disorders (SUDs). Findings suggest that although most countries have made progress towards allowing for and implementing ATIs for persons with SUDs, most face several barriers in doing so. There were some challenges in finding information on certain topics such as public opinion among the countries in the region, however, the majority of the laws and policies across the region were readily available.

Legal Framework Summary for the Region

The majority of this region's countries have a legal framework that allows for various ATIs. Countries that have updated their laws in the last five years to allow for ATIs are Nigeria, Kenya, South Africa, Zambia, Cabo Verde, and Ghana. Some legislation is outlined specifically for persons with SUDs involved with the criminal justice system and is treatment oriented. Others are directed at low-level offenses and work to lower prison populations.

In several countries including South Africa, Mauritius, Zambia, Kenya, Cabo Verde, and Tanzania, special legal provisions for persons with SUDs are present and some forms of ATIs are currently in operation. Many ATI efforts designed for persons with SUDs throughout the region are very recent projects. For example, in response to the COVID-19 Pandemic beginning in 2020, Zambia catalyzed various ATIs to avoid Coronavirus outbreaks in congested prisons. Additionally, Zambia also recently piloted a National Diversion Framework, which diverts persons with SUDs involved with the criminal justice system away from the prison system and instead, refers them to rehabilitative services.

Other findings are that although most countries in this region have laws in place that allow for ATIs, many are not specifically for persons with SUDs. In some countries, compulsory treatment for persons with SUDs involved with the criminal justice system is outlined in the legislation, however no treatment-related ATIs exist. This is the case in several countries where capacity for drug treatment is limited.

[13] 'Rest of Africa' refers to the following countries: Angola, Botswana, Cabo Verde, Eritrea, Ethiopia, the Gambia, Ghana, Guinea-Bissau, Kenya, Lesotho, Liberia, Malawi, Mauritania, Mauritius, Mozambique, Namibia, Nigeria, Sao Tome and Principe, Sierra Leone, Somalia, South Africa, South Sudan, Sudan, Swaziland (Eswatini), Tanzania, Uganda, Zambia and Zimbabwe.

Drug Control Strategy, Political Will, Public Opinion

Many countries in the region, such as Kenya, Nigeria and Ethiopia have official national drug control strategies that outline goals for crime prevention, drug abuse prevention and cross-sector collaboration between the Ministry of Health and the Ministry of Justice or Ministry of Prisons of that respective government. In the listed countries, the development of ATIs for persons with SUDs is welcome, however they often lack the necessary infrastructure in their healthcare systems to bring these goals to fruition. Countries such as Eritrea, Cabo Verde and the Gambia do not have official national drug control strategy plans and instead have policy initiatives aimed at similar objectives, mostly in partnership with the United Nations Office on Drugs and Crime (UNODC) with funding from the European Union.

Data on public opinion for ATIs for persons with SUDs in the region are very limited. However, many of our findings suggest that civil society in many countries play a significant role in advocating for treatment of persons with SUDs and diverting them from the criminal justice system, which suggests that some support is on the rise. This is evidence of this in Ghana, Cabo Verde and Mauritania.

Findings from government data and UNODC reporting suggest that in recent years, in many countries in the region, there has been a show of political will for treating SUDs and those with SUDs involved with the criminal justice system as a healthcare issue. This is seen through partnerships between governments and the UNODC for the development of programming, treatment centers and increased prevention campaigns.

Drug Treatment Community

The drug treatment community is predominately underdeveloped in the region. Medical professionals are in high demand and in many countries, they are largely absent. Countries such as South Africa, Mauritius, Namibia, Kenya and Tanzania, do have a drug treatment community that is developed in more than one sector. However, the drug treatment communities within these countries are limited to the public sector and lack private facilities and residential treatment for persons with SUDs. Findings on the extent of evidence-based treatment are largely inconclusive. Much of the information on the treatment capacity is not corroborated by other sources, which hinders our ability to evaluate the reality of treatment provisions throughout the region.

Countries such as Guinea-Bissau, Nigeria, Sao Tome and Principe, Sierra Leone, Somalia, South Sudan, Sudan, and Uganda were found to lack evidence-based practices, resources and funding, and lack of an adequate health care system within their countries respectively. This explains why the drug-treatment communities within these countries are underdeveloped.

The region lacks the institutional capacity for a pilot program. Wider government efforts with focused attention on the healthcare sector, including an increase in physicians and psychiatrists. Efficiency in the judiciary is also needed in the countries who have yet to

implement ATIs for persons with SUDs though their legislation and political will allows for it. Countries that could possibly pilot one of the models of ATI: Cabo Verde, The Gambia, Ghana, South Africa and Nigeria, and Kenya.

ATIs in operation or under consideration for persons with SUDs

The most common ATIs found in the region include community service, probation, parole, and the payment of fines. Notably, fines are often outlined in the legislation as a substitution for a custodial sentence; however, they are sums that the common individual is likely unable to afford, and therefore are not a viable ATI. In some cases, fines are the punishment for the possession of drugs for personal use, and sentencing guidelines for those who cannot pay are not outlined.

Main barriers for ATIs for persons with SUDs in the region

There is a profound lack of rehabilitative options such as referrals to treatment via drug courts in the region. Again, most ATI provisions are directed at low-level offenses (which in many of our countries does not include possession of drugs for personal use) as a response to prison overcrowding. However, in South Africa, Mauritius, Tanzania, and Zambia, ATIs for persons with SUDs include non-custodial community programs, community service, probation, parole, and pre-arrest and pre-trial referrals to treatment. In the Gambia, Ghana, Cabo Verde and Zambia, there are drug courts. Some, however, do not operate country wide.

The primary barrier for developing and maintaining ATIs for persons with SUDs in the region is the underdevelopment of the drug treatment sector. Lack of collaboration between the criminal justice system and the healthcare system is another barrier. It is important to note that many countries within the region lack the presence of psychiatrists and specialized doctors, and healthcare infrastructure.

Many of the current ATIs are not designed for the treatment of persons with SUDs involved with the criminal justice system. Where ATIs are available, crimes such as drug possession for personal use do not fit the criteria for provisions such as Community Service or Diversion, as they are not considered low-level offenses in some countries. Trust in ATIs for persons with SUDs in the judiciary in many countries is another barrier, as judges and magistrates often choose not to apply ATI options despite them being available.

Conclusion

Although many of the countries in this region have laws that allow for the implementation of ATI for persons with SUDs as well as announced goals to develop them, many have failed to do so because of lack of funding. The need for more education and awareness on the topic is another barrier, which contributes to lack of public opinion and political will in some countries. Combating extreme poverty, disease, and security issues remain the priority in this region, which makes ATIs for persons with SUDs not the focal area for development.

The vast majority of the 'Rest of Africa' region is not lacking in political will to implement ATI for persons with SUDs but has major barriers to overcome in developing the judiciary as well as the respective treatment communities in order to support programming.

Asia
Team 8
JOHN JAY COLLEGE OF CRIMINAL JUSTICE
CUNY The City University of New York

Regional Maps

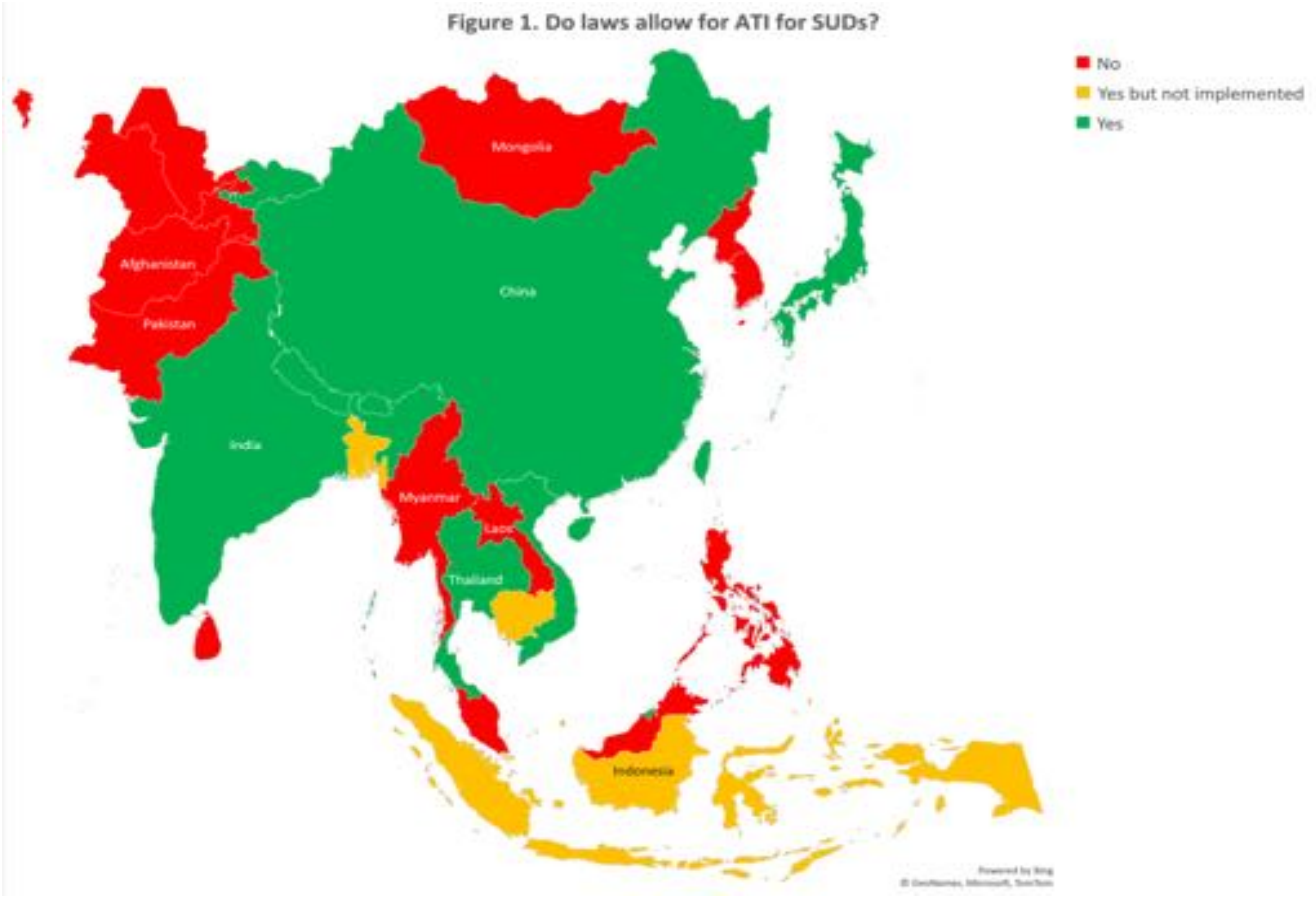


Figure 2. Does national drug control strategy allow for development of ATI for SUDs?

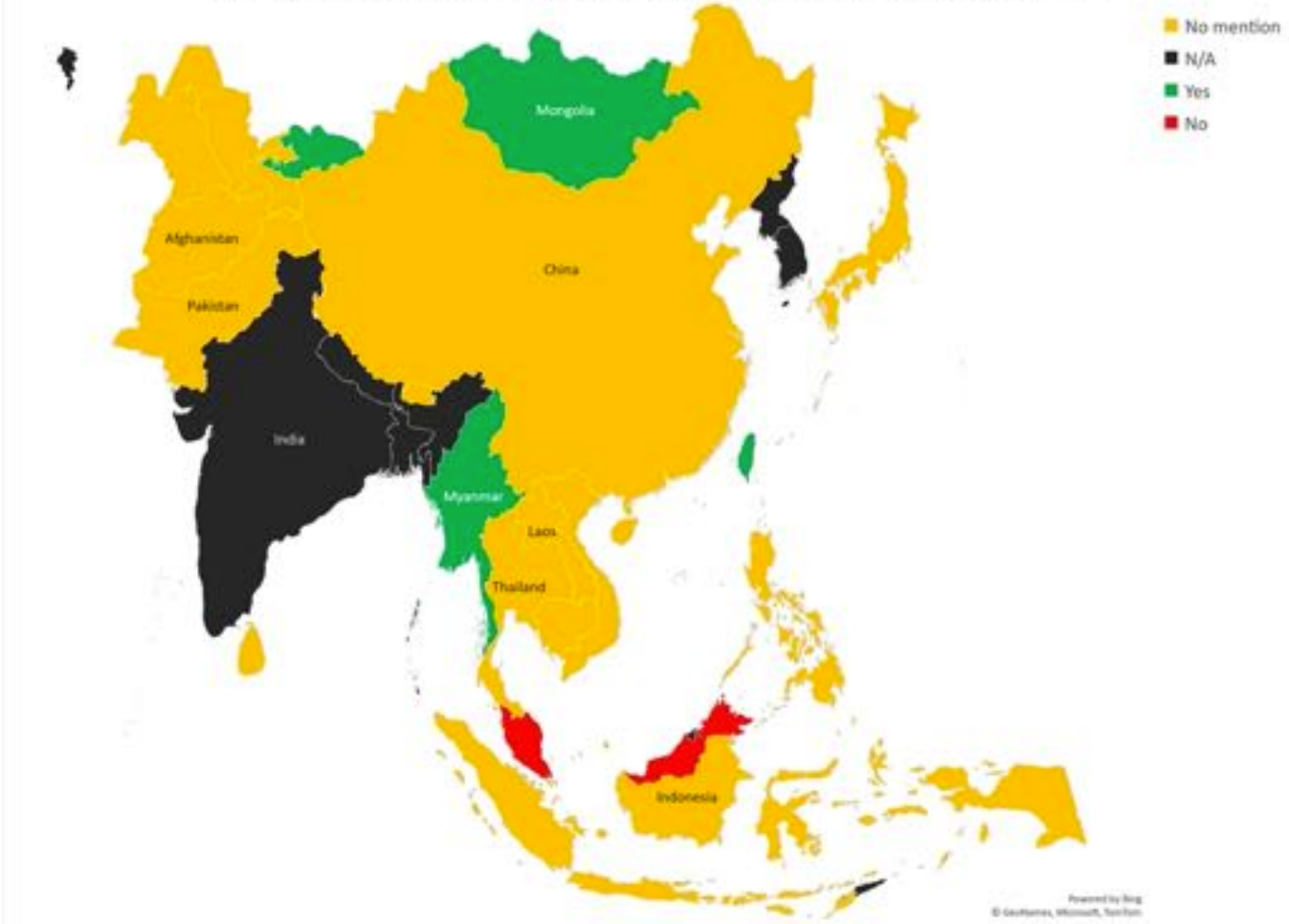


Figure 3. Does public opinion support ATI for SUDs?

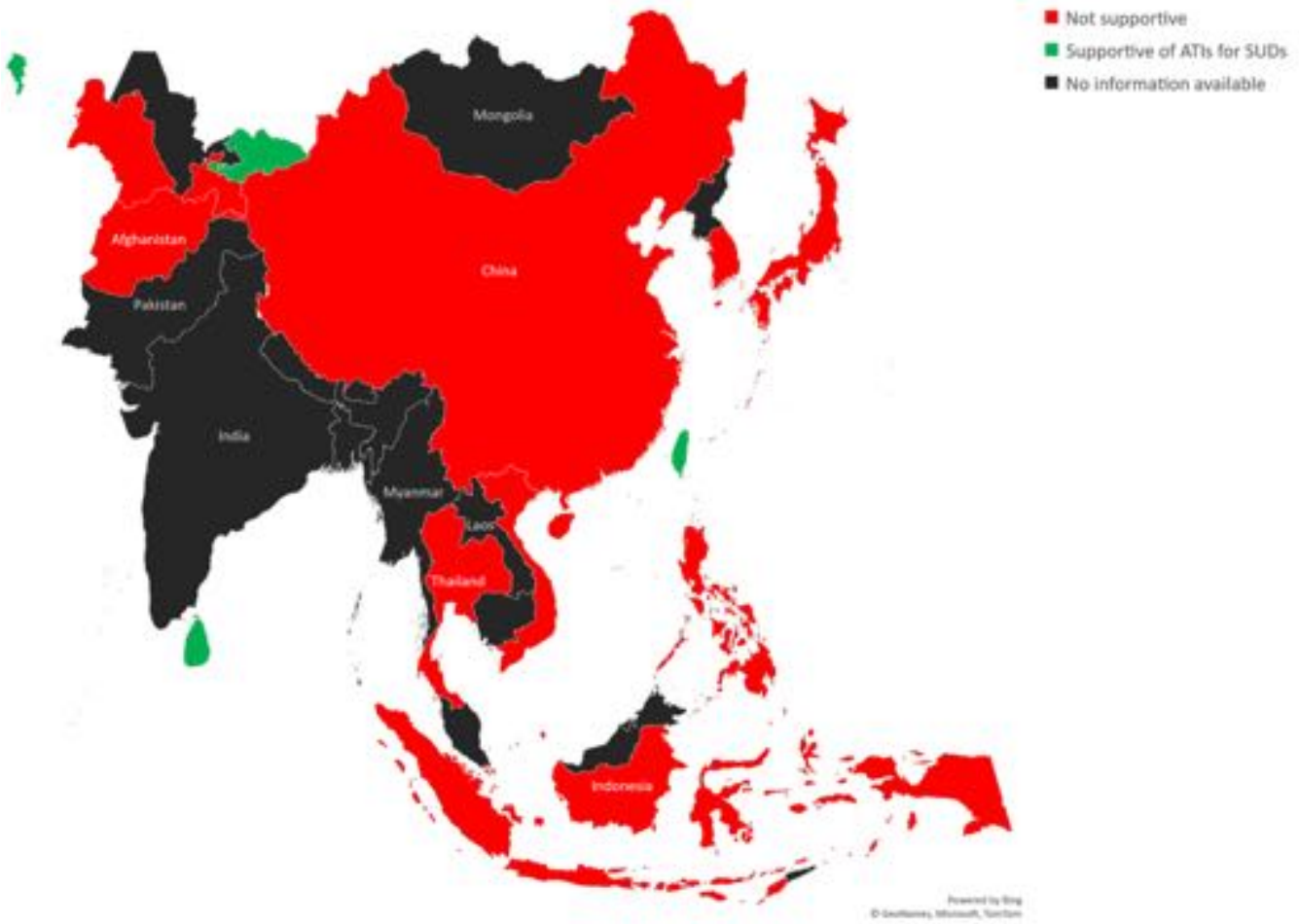


Figure 4. What is the nature of the professional drug treatment community?

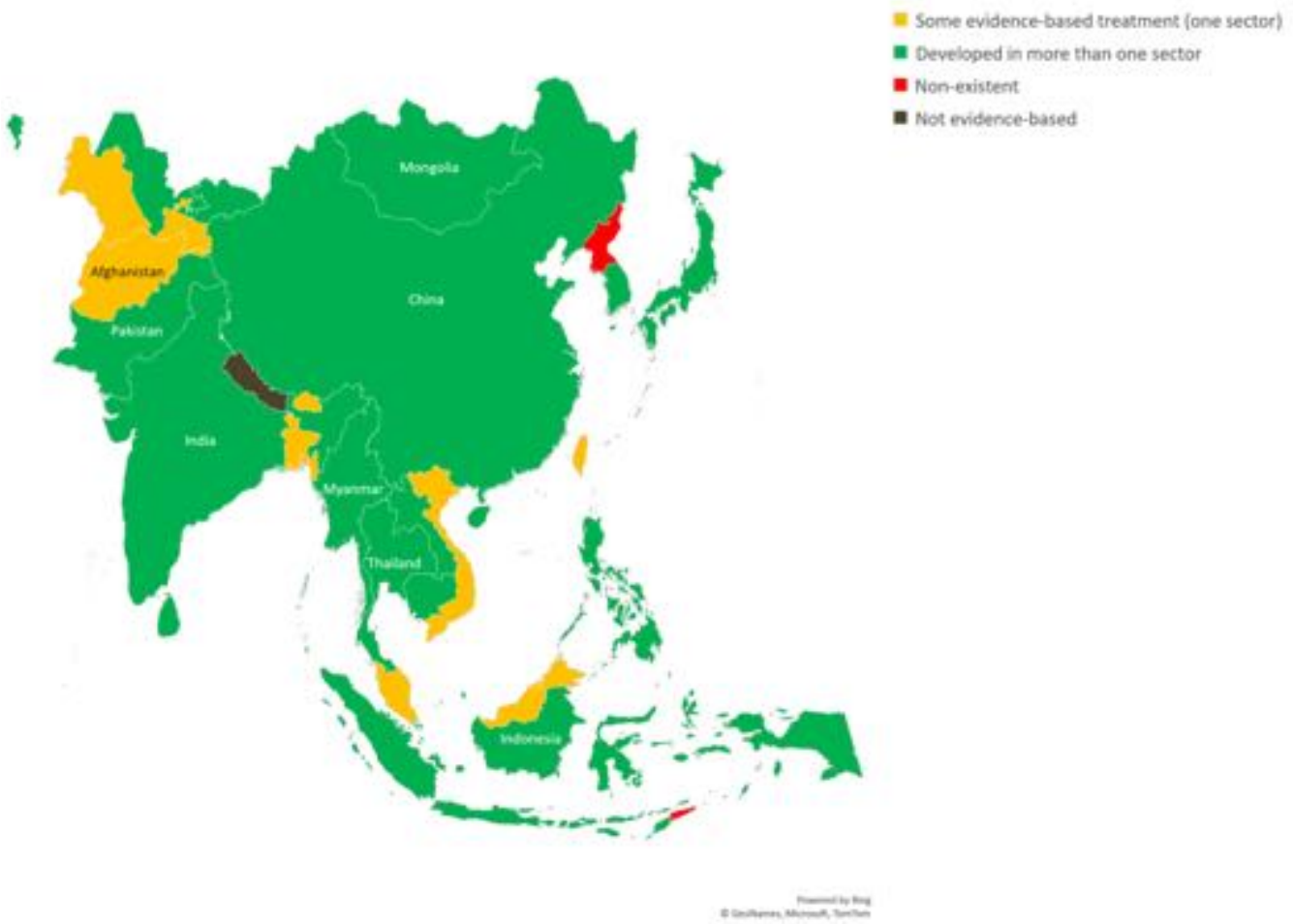
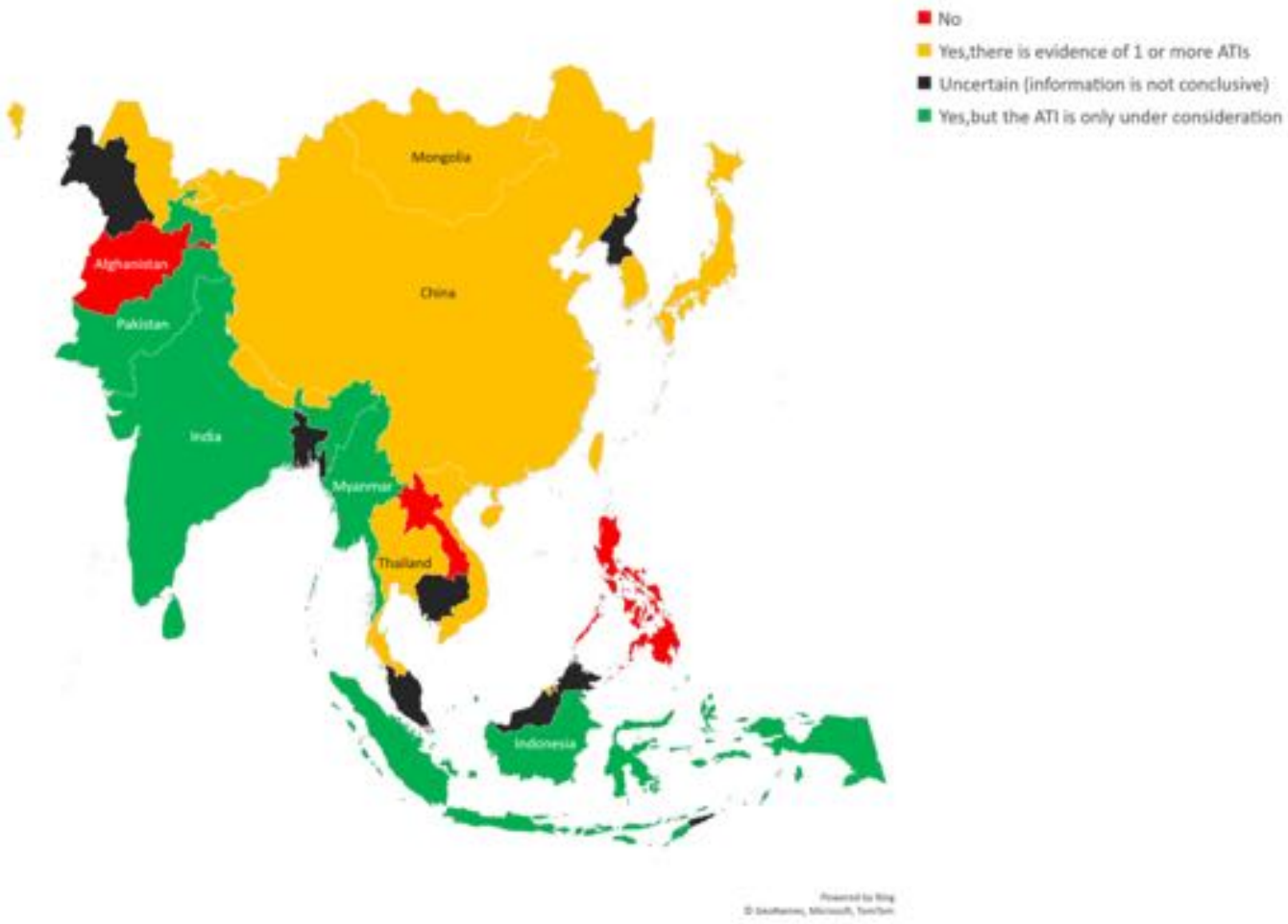


Figure 5. What ATIs are in operation or under consideration for SUDs?



Country tables

Afghanistan

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The Islamic Republic of Afghanistan considers all activity surrounding narcotics as part of drug trafficking. The laws surrounding simple possession charges of less than 10 grams of narcotics includes a sentence of imprisonment between 6 months and one year and the offender has to pay a fine between 30,000 Afs and 50,000 Afs. If the offender has an amount between 10 grams and 100 grams, the sentence increases to between 1 year and 3 years imprisonment, and the fine increases to 50,000 Afs and 100,000 Afs.[1845]
</td>
<td>The National Drug Action Plan of 2015 established three interrelated goals: 1) decrease the cultivation of opium poppy; 2) decrease the production and trafficking of opiates; 3) reduce the demand for illicit drugs, while increasing the provision of treatment for users.[1846]</td>
<td>When drug users were asked how they were treated by their communities, 47.9% of people felt undervalued by society, 23.8% said they were treated as patients, 21.2% state the public sympathized with them, 19.6% indicated they were rejected by the community, and 16.3% were physically harmed by the community.[1847]</td>
<td>The treatment community is limited in both the public and private sectors. In the public sector there are only 30 treatment slots provided by a center in Kabul (Mental Health Institute) and they have few outreach programs. In the private sector there are two NGOs providing inpatient services. Combined, they can only provide inpatient care to 25 people. Typically, the treatment period is 15 days, and the waiting list is around 3,000 people.[1848]</td>
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</table>
There are no ATIs in place or being considered. However, UNODC partnered with the Afghanistan Ministry of Justice from 2005-2011 to investigate prison reform and alternatives to incarceration and assessed drug abuse problems among detainees and assessed ATIs.[1849]
</td>
<td>People in Afghanistan have SUDs, but the government needs support to help persons with SUDs rehabilitate and reintegrate back into society. With major help from UNODC, Afghanistan has thought about the idea of implementing ATIs into their legal system, but not for persons with SUDs specifically.

With a limited drug treatment community, persons with SUDs that want to get help can't or have to endure long waiting periods. In the meantime, they may end up being arrested and sentenced to mandatory prison time.</td>
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In 2008, Armenia decriminalized personal drug use.[1850]

According to Article 98 of the Criminal Code, in addition to punishment, the court can assign outpatient supervision by a psychiatrist and enforced treatment for those convicted of a crime related to drug or alcohol use.[1851]

The unlawful manufacture, processing, procurement, keeping, delivery, or supply of narcotic drugs is punishable by between 2 months and one year of incarceration.[1852]
</td>
<td>Armenia currently does not have a national drug policy.</td>
<td>In 2005 a general population survey was conducted showing that 68.1% of respondents view drug addicts as diseased people, whereas 29.8% regard drug addicts as diseased and criminal.[1853]

There are two types of users viewed, “It’s either poor people, mainly from the provinces, or the rich for the second group it’s like fashion.”[1854]</td>
<td>In 2018, the number of people with mental and behavioral disorders caused by drug use was 6951. This number refers only to persons under dispensary control. 61% of these people are between the ages of 28-49.[1855]

Clinic treatment is carried out on a voluntary basis upon request of the patient. Sometimes treatment may be compulsory, though there are not more than 10 compulsory sentences to treatment per year.[1856]

Narcological medical care for citizens is free of charge. The hospital has 60 beds, but the director of the center, Petros Semerjyan, in an interview noted that only a small number of the 40-50 patients at the center are drug users.</td>
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</table>
In 2019, Armenia started to utilize electronic monitoring devices as an ATI for non-violent offenders.[1859]

In 2014, law students from Armenia, Azerbaijan, and Georgia all competed to
</td>
<td>Armenia is progressive with its policies towards drug and alcohol use. The drug problem doesn’t seem to be as big of a problem as other surrounding countries and as a result of the ATIs and treatment plans can be more effective for users. With less of a burden on treatment centers, participants are able to get quality care. But with only 100 beds, Armenia may experience difficulties treating patients if there is a sudden spike in use.</td>
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			Most patients suffer from alcoholism.[1857] According to article 98 of the Criminal Code, persons with SUDs can be sent to Outpatient Services, General Psychiatry Hospitals, or Special Psychiatry Hospitals for treatment.[1858]	investigate alternatives to imprisonment as part of a United Nations Democracy Fund program. As a result, Armenia and Azerbaijan both adopted a probation system to reduce prison populations. The probation system was not adopted specifically for persons with SUDs, but persons with SUDS could benefit from this legislation if they also committed a drug-related offense such as drug trafficking.[1860]	

Bangladesh

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<tr><td></td><td>Yes</td></tr>
</table>
The Narcotics Control Act 1990 was amended to allow the Director General of the Department of Narcotics Control to send substance users to treatment in lieu of prison sentences.[1861]

The Narcotics Control Act was revised in 2018 to include stricter penalties for production and distribution of narcotics.[1862]
</td>
<td>No national drug control strategy exists.

Drug policy focuses on supply and demand reduction and introducing harm reduction methods including providing treatment and promoting education and awareness on substance use.[1863]</td>
<td>No information on public opinion support for ATIs for persons with SUDs.

Substance users are often stigmatized in Bangladesh, but there is a growing call to see substance use as a health problem.[1864]</td>
<td>The government provides treatment at Central Drug Addiction Treatment Center in Dhaka, and three regional treatment centers in Rajshahi, Chittagong, and Khulna.[1865]

Opioid Substitution Therapy was established in 2010 after pilot study by International Centre for Diarrhoeal Disease Research.[1866]

Dhaka Ahsania Mission is International Centre for Credentialing and Education of Addiction Professional approved provider of drug addiction treatment and prevention education.[1867]</td>
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Narcotics Control Act allows substance users to be diverted to treatment.[1868]
</td>
<td>Drugs and substance use stigmatized among population.[1869]

Punitive legislation needs to be amended to allow for further development of ATIs for SUDs.

Lack of awareness on diversion and probation options provided in Narcotics Control Act.[1870]</td>
</tr>
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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> The Narcotic Drugs, Psychotropic Substances, and Substance Abuse (Amendment) Act of Bhutan 2018 (NDPSSA) allows for substance-dependent persons to voluntarily submit to treatment prior to arrest/charge.[1871] Treatment and rehabilitation programs are compulsory for misdemeanor drug offenses and for persons with SUDs charged with an offense.[1872] Penal Code of Bhutan section 30 allows courts to order community sentencing for petty misdemeanors or misdemeanors.[1873]	The Bhutan Narcotics Control Authority (BNCA) establishes and updates Bhutan's national drug control strategy.[1874] BNCA promotes and develops programs to support and provide treatment to substance users.[1875] The national drug control strategy did not specifically mention the development of ATIs for persons with SUDs.	No information on public opinion support for ATIs for persons with SUDs.	The Royal University of Bhutan, Samtse College is a member of International Consortium of Universities for Drug Demand Reduction.[1876] Khesar Gyalpo University of Medical Sciences began a Bachelor's in Clinical Counseling in 2015.[1877] Treatment services are provided by BNCA Drop-in Centers (DICs) and the Jigme Dorji Wangchuck National Referral Hospital and Rehabilitation Center.[1878] Bhutan Youth Development Fund is an NGO that provides treatment for persons SUDs at the Institute of Wellbeing.[1879]	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td>X</td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Royal Bhutan Police can refer substance users to Treatment Assessment Panels (TAP).[1880] TAP assesses substance users and those determined not dependent get referred to DICs.[1881]	Bhutan's laws allow for prison alternatives for misdemeanors and small offences but do not state ATIs specifically for persons with SUDs. Under the NDPSSA the BNCA or police can conduct a drug test on anyone deemed a public nuisance or suspected of being under the influence without a warrant.[1882]

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Yes, but very limited. With Brunei being an absolute monarchy where the Sultan is slowly adopting more Sharia Law concepts into the government since 2014, in the future, minor offences may have harsher penalties, resulting in the elimination of ATIs that they currently have.[1883] When the public is asked about the Sharia law being implemented, people are afraid to comment.[1884] Under acts such as the Poisons Act (1992) or Intoxicating Substances Act (1996), individuals have the option to pay a fine instead of imprisonment sentences for such offences.[1885]	Brunei currently does not have a national drug control strategy.	Brunei consists of 80% of ethnic Malays. To avoid strict penalties under Sharia Law of the Sultan, Brunei citizens travel to Malaysia to smoke, drink, and listen to music not allowed under Sharia Law.[1889]	Brunei has only one drug treatment center named Rumah Al-Islah in the country and it is operated by the Brunei Prisons Department under authority from the Narcotics Control Bureau (NCB).[1890] The research division of the NCB that specializes in researching alternative methods of drug treatment. [1891] "Al-Islah utilizes the psycho-social model focusing on behavioral changes through community program, spiritual therapy, life skills and vocational training."[1892]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td>X</td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td>X</td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Brunei currently utilizes community service sentencing and probation programs, but not for individuals charged with drug-related offenses.[1893] Admission to Rumah Al-Islah is either court ordered or voluntary.[1894]	The major barriers for the development of ATIs in Brunei are the development of Sharia Law being implemented into the legal system since 2014. With high recidivism rates involving persons with SUDs it seems that that treatment and rehabilitation programs at AL-Islah are ineffective.[1895] With Brueni being an absolute monarchy it may be hard to implement new ATIs but there may be negotiation to improve the treatment at Al-Islah.

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The Misuse of Drugs Act in Brunei currently focuses on reduction of demand through effective activities such as preventative drug education, supervision, and rehabilitation.[1886] If an offender is charged with any drug related offence, the court may require the person to be admitted in Al-Islah for treatment and rehabilitation.[1887] Brunei has strict limits on amounts of narcotics that determines if offender is going to be charged with possession or with intent of trafficking. The amount for heroin and morphine is 15 grams, which is the equivalent to three packs of sugar. If charged with intent of trafficking, individuals may be sentenced to death.[1888]					

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The Law on Control of Drugs 2012 is Cambodia's main legislation on drug control and consumption.[1896]

Article 90 of the Law on Control of Drugs 2012 states that no prosecution will be made against someone who voluntarily submits for substance treatment before prosecution.[1897]

Article 92 of the Law on Control of Drugs 2012 states that courts can order persons with SUDs to treatment. If the person completes the treatment program, the court can decide to issue a warning.[1898]
</td>
<td>National Authority for Combating Drugs (NACD) is the government body responsible for implementing and developing a drug control strategy.[1899]

Under the National Strategic Development Plan 2019-2023, the NACD will continue to focus on supply and demand reduction, strengthening treatment, rehabilitation, and reintegration for substance users, and increasing law enforcement and international cooperation efforts.[1900]

National drug control policy does not specifically mention the development of ATIs for persons with SUDs.</td>
<td>No information on public opinion support for ATI for persons with SUDs.</td>
<td>Drug Addict Relief Association of Cambodia (DARAC), an NGO, provides treatment, social rehabilitation, and after care services for substance users.[1901] There are 14 state-run drug treatment and rehabilitation centers with capacity for 100-200 patients.[1902] Representatives from the Ministry of Health, NACD, WHO, Cambodia National Police, and healthcare professionals from provincial health departments participated in a UNODC Workshop on the Nature, Prevention, and Treatment of Drug Use Disorders for Policy Makers in 2019.[1903] UNODC conducted a training program in Phnom Penh in 2017 to improve community-based drug treatment availability.[1904]</td>
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The Law on Control of Drugs 2012 allows for prosecutors to dismiss or divert substance users away from criminal justice system.[1905]
</td>
<td>Drug laws need to be revised to allow for more alternative measures for substance use.

Drug laws remain punitive despite provisions for diversion for substance use.[1906]

More drug prevention training and awareness is needed in law enforcement.[1907]

Court ordered treatment places some substance users in compulsory detention.[1908]</td>
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China

1. Do laws allow for ATIs for SUDs? If so, are these laws implemented?	2.Does national drug control strategy allow for development of ATIs for SUDs?	3.Does public opinion support ATIs for SUDs?	4.What is the nature of the professional drug treatment community?	5.Which ATIs are in (1) operation or (2) under consideration by the govt. for SUDs?	6.What are the major barriers impeding the development of ATIs for SUDs?
<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Persons with SUDs have to go to compulsory treatment (that may not use evidence-based practices) and rehabilitation programs and can be considered a pretrial service. Police also send registered users to community drug treatment for three years. The detoxification process can take up to two years and there is a possible extension for one year.[1909] The Chinese government has also adopted a Methadone Maintenance Treatment program which is a multi-faceted therapeutic approach that aims to reduce the health and social problem.[1910]	Yes, there are two main strategies in China, one of which is treatment. The first strategy includes sending all addicts to compulsory detoxification. The second strategy involves sentencing repeat offenders to education, which takes place in labor camps.[1911] In January of 2021 China had a dialogue with the EU about drugs based on the 2016 UNGASS Outcome Document.[1912] In recent years China has tried to improve re-entry efforts for persons with SUDs into "drug-free communities" by surveilling released addicts, organizing support groups, and sponsoring anti-drug campaigns.[1913]	The public views persons with SUDs as drug dependent individuals that commit predatory criminal acts in order to satisfy their need. This view of persons with SUDs has been perpetuated by politicians and the media for decades.[1914]	The overwhelming majority of drug treatment is provided by the public sector.[1915] There are currently 746 compulsory rehabilitation centers and 168 treatment and re-education through labor centers.[1916]	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td>X</td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td>X</td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Drug users are registered with police and monitored with an electronic tracking device. Police are also the only decision-making authority to sentence drug users to drug treatment.[1917]	China's policy towards persons with SUDs is unique compared to the rest of Asia by utilizing a police officer-controlled system. This system diverts offenders from the courts which relieves the burden from the courts and eliminates offenders from being incarcerated. However, the police are given absolute power surrounding persons with SUDs such as searches, and drug tests can be conducted without a reason. The negativity around the Chinese approach is that the police have so much power when it comes to persons with SUDs.

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The Narcotic Drugs and Psychotropic Substances (NDPS) Act, 2014 is India’s main narcotics legislation.

Section 39 of NDPS says courts can divert people convicted of substance use to treatment as an alternative for sentencing.[1918]

Substance dependent persons who volunteer for treatment can get immunity from prosecution.[1919]
</td>
<td>No national drug control strategy exists.

Drug control policies are exercised by the Narcotics Control Board (NCB) under the NDPS and focuses on supply/demand reduction but do not specifically mention ATIs for SUDs.[1920]</td>
<td>Public officials and social workers in India agree on the need for reduction in prison rates and prison alternatives.[1921]

No information on public opinion support for ATIs for persons with SUDs.</td>
<td>All India Institute of Medical Sciences in New Delhi established the National Drug Dependence Treatment Centre (NDDTC) under Drug De-Addiction Programme (DDAP).[1922]

2 other DDTCs in Chandigarh and Bangalore provide treatment services and training to medical doctors in substance treatment.[1923]

Drug Treatment Clinics were established in government hospitals and medical colleges to help bolster the DDAP.[1924]

Currently 27 Drug Treatment Clinics operational throughout India.[1925]</td>
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Punjab state government considering releasing or paroling individuals who were convicted for possession of small quantities of drugs and other petty offences due to the coronavirus.[1926]
</td>
<td>Amendments to the NDPS in 2014 increased punishment for small quantity drug offenses.[1927]

The provision that allows for substance users to receive treatment instead of prosecution does not appear to be used by courts often.[1928]</td>
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<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> Law 35 of 2009 states that instead of being sent to jail for drug use, addicts can go to a rehabilitation center.[1929] Article 127 of the Law on Drugs states that a judge can offer rehabilitation programs for drug users after trial, but out of 21 drug-related offenders, only 6 were sent to rehabilitation. There is also article 112 that states if a person keeps, controls, and serves narcotics, they should receive a jail sentence.[1930] Current practices are for the judge to decide which article to follow. As of right now roughly 29% of offenders receive rehabilitation.[1931]	National drug strategy does not specifically mention the development of ATIs for person with SUDs.	The public does not support ATIs for persons with SUDs because there is overwhelming support from society that a punitive approach to drug use is appropriate.[1932]	The private and private sectors and NGOs are used to treat persons with SUDs. There are multiple NGOs working in an educational and counselling capacity for SUDs. One example is ISSUP.[1933]	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td>X</td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td>X</td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Indonesia's government is exploring the implementation of drug courts and probation for persons with SUDs.[1934]	It seems that Indonesia is ready to explore ATIs for persons with SUDs because of the massive overcrowding of prisons in the country. However, it seems that they don't have the supporting drug treatment infrastructure to support parole programs. Indonesia has the structure to successfully implement ATIs such as non-custodial sentences, probation, fines, and community service for other minor crimes, but these sentences are not given to persons with SUDs.

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> The Narcotics and Psychotropics Control Act, Cannabis Control Act, and the Stimulant Drug Control Act are the main drug legislation.[1935] In 2016 Ministry of Justice implemented the Act for Partial Suspension of Sentence for Criminals Convicted of Drug Use and Others to allow individuals convicted of drug use to have part or all their sentence suspended.[1936]	The Ministry of Health, Labor and Welfare creates and implements Japan's national drug policy.[1937] Five-Year Drug Abuse Prevention Strategy, 2018 covering 2018-2023, focuses on reducing supply and demand and improving treatment.[1938] National drug control strategy did not specifically mention the development of ATIs for persons with SUDs.	The Japanese public views drugs and substance use as a criminal matter.[1939] Substance use is stigmatized socially and there is acceptance of punitive measures for crimes.[1940]	Drug Addiction Rehabilitation Centers are private rehabilitation centers offering treatment and counseling with approximately 80 locations throughout Japan.[1941] NGOs such as Narcotics Anonymous provide treatment services for substance users.[1942]	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td>X</td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Act for Partial Suspension of Sentence for Criminals Convicted of Drug Use and Others put into effect in 2016 to allow individuals convicted of substance use to have part of their prison time suspended and be placed on probation.[1943]	Strong stigmatization of substance use and view of substance use as criminal rather than health issue.[1944] Punitive laws towards substance use and possession are a challenge to developing ATIs for persons with SUDs.[1945] Lack of funding for treatment programs and lack of evidence-based research in substance use treatment.[1946]

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According to the Criminal Code of the Kyrgyz Republic, if the quantity is under a gram of narcotics, it is considered an administrative offence, if it is over 1 gram it is considered a criminal offence.

First offence drug related criminal prosecution cases without the intent to sell are typically given sentences such as community service, a fine, restraint of liberty, or imprisonment. Second offence drug related crimes without the intent to sell include a more expensive fine, correctional labor, restraint of liberty, or imprisonment for longer periods of time.
</td>
<td>The Anti-Drug Program does allow for the development of ATIs for persons with SUDs.</td>
<td>In a public opinion poll, respondents were asked about the future of the country and what do they fear the most, crime and drug addiction was the 6th most popular answer in one group and in another group the crime/drug addiction was the fourth most popular answer.[1950]

Out of 52 respondents, they all agreed that Kyrgyzstan should adopt alternatives to imprisonment.</td>
<td>Most treatment centers in Kyrgyzstan are publicly run or publicly contracted by the government. In seven penitentiary establishments, “Atlantis” Rehabilitation centers are treating nearly 150 prisoners. It is not disclosed if the individuals receiving the treatment were sent to prison because of drug related offenses or if they committed other offenses while also being addicted to an illicit substance.[1951]

One private center that has success is the Nazaraliev Medical Center that specializes in a holistic approach to drug treatment.[1952]</td>
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</table>
Currently fines and community service are the main ATIs utilized in Kyrgyzstan for persons with SUDs. The penal code may have a version of probation or supervision placed on the offender from the government.
</td>
<td>The successful implementation of ATIs falls to judges and not to policymakers. ATIs for persons with SUDs can be affected because the judges have the option on how to administer a punishment. With the option still available, the judge has full discretion which can either be a positive for negative for persons with SUDs.</td>
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If there is intent to sell, then offenders could be sentenced to four to eight years imprisonment.[19471948] In 2018, Kyrgyzstan stated that drug use would be decriminalized under the new Criminal Code, however, the impact of reform needs to be further assessed.[1949]					

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Law on Drugs 2007 is main legislative instrument for drug control in Laos.[1953]

Article 55 of the Lao People’s Democratic Republic Penal Law states that courts may assign treatment to individuals determined to have SUDs if they have not been sentenced to prison and those that have been sentenced to prison, treatment must be provided while serving their sentence.[1954]
</td>
<td>Lao National Commission for Drug Control and Supervision (LCDC) is the main Lao agency coordinating and implementing national drug policy.[1955]

LCDC implemented the National Drug Control Master Plan for 2016-2020 focusing on preventing production of narcotic plants, enforcing trafficking laws, educational and awareness program.[1956] No information on new master plan for 2021 and beyond as of yet.

National drug control strategy did not specifically mention the development of ATI for persons with SUDs.</td>
<td>No information on public opinion support for ATI for persons with SUDs.</td>
<td>20 treatment and rehabilitation centers in Laos (17 government-run and 3 private) and 28 specialized units in district hospitals throughout Laos.[1957]

No other information available regarding the drug treatment community in Laos.</td>
<td>
<table>
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</table>

No available information on ATI for persons with SUDs.
</td>
<td>Legislation towards substance use and possession remain punitive.

Drug treatment facilities lack resources and provisions to provide evidence-based treatment.[1958]

Drug treatment is compulsory and there are reports on abuses taking place at various treatment centers.[1959]

Stigma towards drugs and persons with SUDs and lack of awareness and confusion surrounding harm reduction principles.[1960]</td>
</tr>
</table>

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<table><tr><td>X</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> The Dangerous Drugs Act 1952 is the main legislation for drug offences in Malaysia.[1961] There is no available information on ATIs in the penal code/applicable laws.	The National Drug Policy 2017 (DDN 2017) was established National Anti-Drugs Agency (NADA) through the Ministry of Home Affairs.[1962] DDN 2017 is the latest strategy focusing on preventive education, treatment and recovery, and harm reduction.[1963] National drug control strategy does not allow for the development of ATIs for SUDs.	No information on public opinion support for ATIs for persons with SUDs.	University of Cyberjaya in Malaysia is a member of International Consortium of Universities for Drug Demand Reduction.[1964] University of Cyberjaya offers a post graduate degree in addiction science where successful graduates qualify for the International Certified Addiction Professional 1 exam.[1965] NADA operates several treatment and rehabilitation centers under direction of Drug Dependents (Treatment and Rehabilitation) Act 1983.[1966] Private treatment provider Serene Retreat is organizing a Universal Treatment Curriculum workshop for drug treatment professionals to treat persons with substance use disorders in February 2021.[1967]	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td>X</td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Parole system under the Malaysian Prison Department allows eligible drug offenders who are sentenced to 1 year or more to be released under supervision after serving half the assigned sentence.[1968]	Lack of support in communities because of stigma towards substance use and criminal offences.[1969] More programs and resources for the aftercare of released offenders are needed.[1970]

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> The Law on Narcotics Drugs (17/77) is the main legislation on narcotics for the Maldives.[1971] The Drugs Act allows for persons with SUDs to receive immunity from prosecution if they receive treatment.[1972]	The National Narcotics Control Bureau (NNCB) coordinates national drug policy focusing on demand reduction and rehabilitation.[1973] National Drug Agency established under the Drugs Act, focuses on moving away from punitive measures for substance use.[1974] No national drug control strategy exists.	No information on public opinion support for ATIs for persons with SUDs. Substance use viewed as a sin among population.[1975]	NNCB manages the Drug Rehabilitation Center in Himmaafushi.[1976] One treatment center and two detoxification centers under government jurisdiction.[1977] NGO Journey, provides outreach, crisis intervention, family education sessions, and recovery support services.[1978]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td>X</td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> There is one drug court located in Male', established under the Drug Act to oversee the cases of substance dependent persons.[1979] The drug court determines eligibility of individuals for referral to treatment.[1980]	Stigma among small close-knit communities about substance use.[1981] More advocacy, awareness, and education on the effectiveness of ATI is needed among religious and political leaders.[1982]

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Article 66 of the Mongolian Penal Code states that in cases where an addict of alcohol or narcotics has committed a crime, the addict will be sentenced the appropriate punishment for their crime and after they serve their sentence, the court will impose a compulsory sentence for treatment to a medical institution.[1983]
</td>
<td>The National Drug Control Policy in Mongolia focuses on the distribution of medical narcotics to the people of Mongolia and does not mention the illegal use or trafficking of narcotics in Mongolia.[1984]

The program on combating drug abuse was adopted on March 7, 2017. The purpose of this program is to monitor drug use, combat illegal distribution, and rehabilitate users both voluntarily and compulsory.[1985]</td>
<td>Substance use impacts the public significantly because it is estimated that nearly 50% of the population abuses alcohol and 22% of the population is addicted to illicit drugs.[1986]

Most persons with SUDs are between the ages of 18 and 35 and at least one member of the family has a SUD.[1987]</td>
<td>Drug treatment services are provided by the public sector (40%), private Sector (30%) and NGOs (30%).

Mongolia opened a center for prevention of drug-related crimes that focuses on educating the public about drug risks to reduce drug related crimes and prevent addiction.[1988]</td>
<td>
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Probation and parole are used as an ATIs in Mongolia, however, there is no evidence that persons with SUDs have benefitted from these programs. It is possible this is because the sentences of drug possession line up with sentences that qualify for probation and parole.[1989]
</td>
<td>Mongolia is considering the possibility of using ATIs since the number of persons with SUDs is increasing. There was a 30% increase between 2018 and 2019.[1991]

Mongolia is placing a lot of its efforts on supply reduction.

Mongolia is aware of the use of ATI for persons with SUDs. In order to succeed more would need to be done to empower judges or make modifications to their legal system.</td>
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				With the increasing numbers of persons with SUDs, Mongolian judges are exploring other avenues instead of incarceration. Recently, Mongolian judges traveled to New Mexico, US, and sat down with local judges and were very intrigued with the use of drug courts and how they operate.[1990]	

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<table><tr><td>X</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> The Narcotic Drugs and Psychotropic Substances Law 1993 is the main law criminalizing possession and use of drugs.[1992] The 1995 Rules Relating to Narcotic Drugs and Psychotropic Substances were created to help implement the 1993 drug law and included provisions to register persons with SUDs and make treatment compulsory.[1993]	A new national drug strategy was developed in 2018 by the Central Committee for Drug Abuse Control, Myanmar Police Force, and the Ministry of Home Affairs with support from the UNODC.[1994] The National Drug Control Policy 2018 focuses on supply and demand reduction, international cooperation, alternative development to replace poppy plants and harm reduction.[1995] Prison alternatives for persons with SUDs has been suggested under the harm reduction provisions of the national drug control policy.[1996]	No information on public opinion support for ATIs for persons with SUDs.	Section 9 of the Narcotic Drugs and Psychotropic Substances Law requires that individuals determined to be persons with SUDs register at a treatment center and with the Ministry of Health.[1997] Six treatment and rehabilitation ran by the Ministry of Social Welfare in Yangon, Mandalay, Myitkyina, Lashio, Kyaing Tong, and Tachileik with social reintegration programs.[1998] Ministry of Health has also provided Methadone Maintenance Treatment in 46 hospital centers across Myanmar.[1999] Substance Abuse Research Association (SARA) is an NGO registered in Myanmar	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td>X</td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td>X</td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> No available information on ATI for persons with SUDs. National Drug Control Policy 2018 has included plans to implement community-based treatment and diverting	Drug trafficking and heavy substance use has shaped people's views towards substance use as a negative social harm.[2004] Legislation in the Narcotic Drugs and Psychotropic Law needs to be changed to align with policy recommendation in the National Drug Control Policy. Stigma and lack of awareness help to create a negative view of harm reduction practices like opioid substitution therapy, needle exchange programs in communities.[2005] Available drug treatment is largely compulsory and requires people with SUDs to register

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			that delivers substance use research and builds awareness on substance use prevention in communities.[2000] SARA with funding help from the INL Bureau at the US embassy in Yangon, conducted the Drug Use Prevention Project in the Kachin, North Shan, Sagaing, and Kayin regions in 2018.[2001] UNODC and Myanmar NGO Volunteer Social Workers Association trained 254 new volunteers in community-based services to assist substance users in aftercare and social reintegration.[2002]	substance users towards voluntary treatment.[2003]	with the Ministry of Health.[2006]

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The Narcotic Drugs (Control) Act 1976 is the main legislation criminalizing drug offenses in Nepal.[2007]

Section 19 of the above Act allows officers to release individuals if they sign a bond stating they will not commit the offense again, or allows for courts to release first time offenders from penalties if the offense is deemed petty.[2008]

Persons with SUDs undergoing treatment at a government approved treatment center are immune from prosecution.[2009]
</td>
<td>No national drug control strategy exists.</td>
<td>No information on public opinion support for ATI for persons with SUDs.</td>
<td>NGO MAYA Nepal Drug Treatment and Rehabilitation Center offers therapeutic treatment centered on detoxification, personal and group therapy, and education and awareness.[2010]

Anatta Recovery is a private treatment and rehabilitation center offering destination treatment in Kathmandu.[2011]

Aasara Drug Rehabilitation Center was operated by the Nepal Police before becoming an NGO registered under the Ministry of Home Affairs and provides detoxification and holistic treatment methods.[2012]</td>
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Dismissal of prosecution for individuals in drug treatment or release from prosecution by courts for petty or first-time offenses.[2013]
</td>
<td>Despite provisions to divert persons with SUDs away from criminal justice system, substance use is criminalized and persons with SUDs are more likely to face criminal charges.[2014]</td>
</tr>
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North Korea (Democratic People's Republic of Korea)

1. Do laws allow for ATIs for SUDs? If so, are these laws implemented?	2. Does national drug control strategy allow for development of ATIs for SUDs?	3. Does public opinion support ATIs for SUDs?	4. What is the nature of the professional drug treatment community?	5. Which ATIs are in (1) operation or (2) under consideration by the govt. for SUDs?	6. What are the major barriers impeding the development of ATIs for SUDs?
<table><tr><td>X</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> The Law on Narcotic Drug Control, 2003 (amended by Decree No. 1131 of the Presidium of the Supreme People's Assembly in 2005) is the main legislation regulation regulating the production, distribution, storage and use of narcotic drugs.[2015] There is no available information on ATIs in the penal code/applicable laws.	No national drug control strategy exists.	No information on public opinion support for ATIs for persons with SUDs. Despite strict laws on the production, sale, and use of illicit drugs, substance use is embedded in the culture with law enforcement, government elites, and lower income individuals involved with drug-related crimes.[2016]	Information on the status of the healthcare system and drug treatment community is limited. A study conducted among Democratic People's Republic of Korea (DPRK) refugees reported high substance use and that access to healthcare and medicines was limited forcing substance users to self-medicate.[2017]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> There are no ATIs for persons with SUDs.	Available information from within DPRK is limited and comes mostly from former residents. Although substance use is illegal, there is a culture of substance use and using certain drugs as gifts or items of value to trade.[2018] Some substance use is viewed as alternatives to medicines and treatment not accessible.[2019] Illicit drugs are used to suppress appetites, relieve fatigue, and to enable people to work long hours.[2020] More knowledge on the harms of substance use and capacity building in the health and treatment ommunity is needed.[2021]

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<table><tr><td>X</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> Control of Narcotic Substances Act, is the main legislation establishing drug related offenses in Pakistan.[2022] No provisions under this act for alternative sentencing for substance use.	Pakistan's National Anti-Narcotics Policy, 2019 emphasizes treatment and rehabilitation of substance users and focuses on supply/demand reduction.[2023] National drug control strategy did not specifically mention the development of ATIs for persons with SUDs.	No information on public opinion support for ATIs for persons with SUDs.	Several universities are members of ICUDDR including University of Punjab, Khyber Medical University, and Liaquat University of Medical and Health Sciences.[2024] New Life Rehab Center in Sialkot recently conducted a Family Care Therapeutic Session to help the families of substance users help with their treatment programs.[2025] Model Addicts Treatment and Rehabilitation Centres have been set up in Karachi, Islamabad, Quetta, Peshawar, and Sukkur by Anti-Narcotics Force to aid in treatment and rehabilitation of substance users.[2026] Drug Free Pakistan Foundation and New Horizon Care Centre are two organizations that offer drug prevention programs and treatment centers.[2027]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td>X</td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Provincial government in Peshawar considering establishing drug courts to deal with substance abuse and trafficking cases.[2028] WHO Atlas of SUDs acknowledges the presence of drug courts in Pakistan.[2029]	Legislation allows for alternatives such as bail, parole, and probation but these methods are rarely used.[2030] More training and capacity building for parole/probation officers and ATI programs is needed.[2031]

Philippines

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No, all drug related crimes result in mandatory long imprisonment sentences along with fines for each type of crime. The lowest level of punishment for narcotics possession ranges between 12 years and one day to life imprisonment.[2032]

The Comprehensive Dangerous Drugs Act of 2002 created the Philippines Drug Enforcement Agency (PDEA) which is the lead law enforcement agency to go after drug dealers and users with this new act.
</td>
<td>National drug strategy does not specifically mention the development of ATIs for person with SUDs. There are currently no discussions of ATIs for SUDs, however a part of the strategy is focused on Treatment, Rehabilitation, reintegration, and research on SUDs.[2033]

In 2016, President Rodrigo Duterte waged the actual “War on Drugs” rhetorically inciting violence against drug dealers and users. The estimated death toll of this ‘war’ could be anywhere between 8,000 and 27,000 according to the United Nations.[2034]</td>
<td>Duterte won the presidency on a platform of crushing crime and attacking the drug crisis in the Philippines. In January 2020, a poll was taken about the actions Duterte has taken and he has a 72% satisfaction rating.[2035] “While support for the drug war remains high in the Philippines, the population recognizes the violence and human rights abuses.”[2036]</td>
<td>All the treatment centers have to meet strict guidelines in order to operate, set forth by the Department of Health (DOH). Currently there are 7 DOH-approved outpatient centers and 56 DOH-approved drug treatment centers. The majority of these centers are comprised of NGOs and Government run (GO). The ratio between the two of these are roughly 3 NGOs to 1 GO.[2037]</td>
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</table>
No available information on ATI for SUDs.
</td>
<td>The Philippines is focused on lowering the number of persons with SUDs through education, prevention, and treatment. Based on public support for the “war on drugs” ATI for persons with SUDs seems unlikely in the near term.</td>
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<table><tr><td></td><td>No</td></tr><tr><td>X</td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> The legal system used in Singapore is "you are guilty until proven innocent" which negatively affects the likelihood of drug possession offenders from getting away with the crime, because there is no real defense as to why an individual has illegal drugs.[2038] The sentencing process consists of four principles that include retribution, deterrence, prevention, and rehabilitation. When offenders are sentenced the prosecutor has the ability to determine the appropriate punishment, which always isn't the maximum penalty. In summary the prosecutor and defense negotiate a proper sentence for the	Currently there is no national drug control strategy in Singapore found.	Public opinion does not support ATIs for SUDs; in a 2019 survey it was found that 98% of people agree that Singapore should maintain tough laws against drugs in general, there was no specification if this was towards drug trafficking or drug use. Also, 90% agree that the laws in place are currently effective in Singapore drug free. The overall approach that the public supports is a zero-tolerance which is also improving the drug situation in Singapore. It is also noted that 96% of respondents believe the government should mandate rehabilitation for drug abusers.[2042]	The major organizations seem to be mostly the public sector with the drug rehabilitation center (DRC)being the treatment plan most used by persons with SUDs.[2043] It has been noted that the number of the private sector is very minimal and very expensive as a result, person with SUDs travel to nearby countries such as Thailand.[2044] There are plenty of opportunities for student to learn Drug Treatment Specializations include Addictologist/Narcologist, Addiction Counselor, and Psychiatric Nurses.[2045] The Asia Pacific Forum Against Drugs (APFAD), of which Singapore participates, is an event where NGOs, Civil Society, and government agencies come together to discuss working together and to strengthen anti-drug strategies.[2046]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Offenders are able to attend the DRC either by being an inpatient or an outpatient.[2047] This seems to be the only ATI that benefits SUDs but there may be some discussion on whether a custodial or	The major barrier in Singapore to develop ATIs for person with SUDs is that the drug laws are very strict and are engrained into the culture of Singapore. It speaks volumes when the overwhelming majority of the public support the drug laws in place. This is a culture where drugs are not tolerated but also the public also believes users should be helped more then they currently are. In MDA it seems that rehabilitation is an option, but it seems offenders are only given two chances to rehabilitate. The third strike means you are likely to go to prison. The fear may be for the government if they lighten up the

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magnitude of the crime, once they come to an agreement what is a fair punishment the judge will pass the sentence to the offender.[2039] The Misuse of Drugs Act (MDA) does allow for some development of ATIs for SUDs. Part four of the MDA details the policies surrounding the supervision, treatment, and rehabilitation of SUDs. However, in 2019, two of the policies were deleted from part 4 creating stricter laws and less options surrounding SUDs.[2040] Typically, offenders are given two chances when sentenced for drug possession, for two times they will sentenced to a Drug Rehabilitation Centre (DRC), after that it is likely that they will be sent to prison.[2041]				mandatory treatment program is considered an ATI.	punishments they will lose the support of the public surrounding drugs and the effectiveness of deterrence may decrease.

South Korea (Republic of Korea)

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<table><tr><td>X</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> For substance use related crimes and possession of narcotics, the approach is incarceration.[2048] Under Article 2-2-1 of the Narcotics Control Act-The Responsibility of the State, "The State and local governments shall take necessary measures such as research, investigation, etc. for the purposes of preventing the citizens from abusing narcotics and facilitating the treatment and protection of narcotic addicts, and their return to society."[2049]	At this time no evidence was found of a national drug control strategy.	In a survey study of 4,000 adults in 7 Taiwanese cities, almost all respondents (90.3%) had a negative attitudes against drug abuse. It was reported that 91.8% favored a rigid enforcement of regulation and a severe punishment. However, 92.8% of the respondents favored a need of both punishment and medical/psychical treatment.[2050] "Korean society is not ready for the kind of liberalization of drugs seen in other parts of the World such Portugal, California, and Argentina."[2051]	NAADAC is the Association for Addiction Professionals (NGO) that works with education and research facilities to provide addiction education.[2052] There are 9 private clinics that serve as treatment centers for addiction while also offer degrees in addiction and treatment.[2053] In 2010, The WHO stated that 100% of drug treatment being given to persons with SUDs is through the public sector.[2054] With the development of 9 universities/clinics and NGOS like NAADAC, the professional drug treatment community is growing exponentially.	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td>X</td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td>X</td><td></td><td>Early Release, Parole, Pardon</td></tr></table>	There is some hope with the language used in the Narcotics Control Act that the state feels the responsibility to explore other avenues to assist citizens with their addiction to return to society. However, there is no information available that South Korea has explored these avenues. Persons with SUDs may benefit from probation and parole but there is no sentencing evidence that support both programs.

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<table><tr><td>X</td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td></td><td>Yes</td></tr></table> The Poisons, Opium and Dangerous Drugs (Amendment) Act, No. 13 of 1984 establishes offences and punishments for drug offences.[2055] There are no provisions under the Poisons, Opium, and Dangerous Drugs Act for ATI for substance use.[2056]	National Dangerous Drugs Control Board (NDDCB) establishes and reviews national drug policy.[2057] Sri Lankan National Policy for the Prevention and Control of Drug Abuse (revised in 2016) is the most recent policy and focuses on preventative education, awareness and treatment.[2058] National drug control strategy did not specifically mention the development of ATI for persons with SUDs.	Offering treatment to substance users instead of incarceration has been reviewed by Sri Lankan authorities.[2059] General support for alternatives for imprisonment for minor offences including substance use.[2060]	NDDCB enacted the Drug Dependent Persons (Treatment and Rehabilitation) Act, 2007 to establish provisions for treating substance use.[2061] Four main government treatment centers in Sri Lanka (Talangama Prevention, Treatment and Rehabilitation Centre; Nawadiganthaya Youth Prevention, Treatment and Rehabilitation Centre; Galle Youth Prevention, Treatment and Rehabilitation Centre; Kandy Youth Prevention, Treatment and Rehabilitation Centre.)[2062] Colombo Institute of Research and Psychology and European Campus University College are both members of ICUDDR and offer drug treatment	<table><tr><th>1</th><th>2</th><th>ATI</th></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td></td><td>X</td><td>Community Service Sentencing</td></tr><tr><td></td><td>X</td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td>X</td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> Department of Prisons has developed a 5-year plan to include provisions for alternatives to incarceration for minor offences and drug use.[2067] Workshop for promoting non-custodial measures conducted in	Punitive approach to drug offences makes alternative options for prisons seldom used by courts for drug offences due to procedural difficulties.[2070] Legislation needs to be changed to allow for increased discretion in law enforcement and courts.[2071]

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			programs and training.[2063] Nawadiganthaya treatment facility in Colombo was launched with assistance from the Government of the Federal Republic of Germany in June 2020 to help divert drug users away from prisons and reduce prison populations.[2064] Preventive Education and Training unit of NDDCB implemented the Sahakampana community-based prevention program in Obesekarapura, Colombo in February 2020 to target and educate youths on drug prevention.[2065] Environment and Community Development Information Centre is an NGO and UNODC partner in Sri Lanka that works with treatment and rehabilitation of persons with SUDs.[2066]	September 2020 under UNODC Regional Office for South Asia project "Promoting Effective Use of Non-Custodial Measures in Sri Lanka as a measure of Preventing and Countering Violent Extremism."[2068] Community Based Correction Act, No. 46 of 2007 enables courts to offer community service as an alternative to prison for minor offences.[2069]	

1. Do laws allow for ATIs for SUDs? If so, are these laws implemented?	2. Does national drug control strategy allow for development of ATIs for SUDs?	3. Does public opinion support ATIs for SUDs?	4. What is the nature of the professional drug treatment community?	5. Which ATIs are in (1) operation or (2) under consideration by the govt. for SUDs?	6. What are the major barriers impeding the development of ATIs for SUDs?
<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> The Narcotics Hazard Prevention Act states that the fines collected from possession charges, the county or city government can provide or refer drug users to addiction treatment and follow up counseling to the addict and their family. To promote prevention efforts, the Ministry of Justice creates a budget to fund rehabilitation services from fines and seizures executed for any drug violations.[2072]	The new-generation strategy was given four years and NT$10 billion which is the equivalent to US$331.56 million to implement the new strategy. This strategy focuses on five major strategic measures and drug rehabilitation treatment is one of them. The goal was to increase coverage for treatment centers, build four new treatment centers in different regions, transfer administrative oversight from minister of justice to ministry of health and focus on helping addicts return to society with career development programs.[2073]	Public acceptability appears to be low.[2074]	Many of the drug treatment centers are within the public sector. Treatment centers used to be within hospitals but with the new generation strategy, after building four new treatment centers, the Taiwanese government wants to expand the number of treatment centers. There is no information on major NGOs or organizations active in the country.	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td></td><td>Drug Court</td></tr><tr><td>X</td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td></td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> As not everyone who uses controlled substance is an addict, one amendment states that such offenders can perform community service or undergo therapy as an alternative to rehabilitation or incarceration.[2075] A retired judge	Taiwan is a very unique country because this new generation strategy and the way they utilize offenders' fines to treat persons with SUDs is very helpful. Taiwan is moving in the right direction; however, the public is set in their ways and support strict penalties for drug related crimes. The good news is that they are lenient with exploring alternatives when discussing nonviolent crimes. The one difficulty they may run into in the future is that they don't have degrees in their universities to produce professionals to work in the new treatment centers being built at a fast rate.

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				from the 13th Judicial Circuit Court of Missouri has outlined the practices of treatment courts to help Taiwan's judicial system regarding drug abuse.[2076]	

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X	No
	Yes, but not implemented
	Yes

Article 203 of Tajikistan Penal Code states that using narcotics, Psychotropous substances or precursors is punishable by up to 5 years imprisonment.
Article 205 states that if an individual has an establishment or establishment for the use of narcotics or related substances is punished by deprivation of freedom for a period of 3 to 5 years.
Article 26 states that in the case of committing a crime by a drunkard or drug addict, the court along with a sentence may impose compulsory measures of medical character provided by the present code.[2077]
</td>
<td>National drug strategy did not specifically mention the development of ATIs for person with SUDs.

The first ever strategy was approved on February 13, 2013, and two of the key strategies were to improve demand reduction among the population and improve drug-related legislation, as well as improving the system of a timely identification of people with drug addiction and quality of treatment and their social rehabilitation.[2078]

According to Article 6 of the Law the state guarantees urgent narcological assistance, legal assistance treatment, prevention assistance, and medical rehabilitation with access to inpatient and outpatient services.[2079]</td>
<td>Religion is a major part of defining attitudes towards drug use, labelling drug addicts' negative stereotypes. Stereotypes include that the addict are the reason for crime and that they are aggressive and violent.[2081]</td>
<td>Treatment of drug addiction is carried out mainly by state institutions with guaranteed anonymity for users.[2082]

There are 4 major institutions that total 290 beds that amounts to 4 beds per 100,000 people. [2083]
Specializations include referral for specialized services, detoxification, HIV testing and Hepatitis C Virus (HCV) testing.[2084]</td>
<td>

1	2	ATI
		Drug Court
		Community Service Sentencing
		Non-Custodial Community Programs
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		Early Release, Parole, Pardon

In 2019, Tajikistan took under consideration the adoption of a probation system for non-violent offenders while at the Penal Reform International conference with other Central Asian countries.[2085] There is currently no evidence that the probation
</td>
<td>Tajikistan currently has a strong drug treatment community for persons with SUDs. However, all of the sentences for drug related crimes include imprisonment with compulsory treatment as a part of their sentence. With Tajikistan considering adopting a probation system for nonviolent offenders, it is possible that SUDs may benefit from this and as a result they receive compulsory treatment while serving their probation sentence. This is unlikely though because of the importance of religion in the country and the negative stigmas persons with SUDs receive. Not only are</td>
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	People with addiction after treatment are subject to dispensary supervision at a narcological institution for a certain amount of time determined by the Ministry of Health.[2080]			system was implemented or that persons with SUDs would benefit from the adoption of probation.	persons with SUDs being labelled negative stereotypes, but they are being associated with violent offenders such as rapists.

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The Narcotics Act 1979, and the Psychotropic Substances Act 1975 are the main legislative instruments identifying and criminalizing drug offences in Thailand.[2086]

Both acts criminalize possession and consumption of narcotics and psychotropic substances.

The Narcotics Addict Rehabilitation Act 2002 allows for prosecutors and courts to order substance users to rehabilitation.[2087]

Section 33 of Narcotics Addict Rehabilitation Act 2002 states that an individual who satisfactorily completes rehabilitation shall be
</td>
<td>National drug policy is developed, coordinated, and implemented by ONCB (Office of the Narcotics Control Board) under the Ministry of Justice.[2090]

Narcotics Control Strategic Action Plan 2019 focuses on supply/demand reduction, treatment and rehabilitation, drug prevention awareness and education, improving law enforcement capacity.[2091]

National drug control policy is moving from punitive to health-based measures for substance use but does not specifically allow for the development of ATI for SUDs.[2092]</td>
<td>Thailand Institute of Justice has conducted conferences to promote and suggest alternatives to incarceration for minor and non-violent offences.[2093]

Substance use viewed as a social taboo and is stigmatized among communities.[2094]</td>
<td>Drug Demand Reduction Bureau of the ONCB runs 12 narcotics treatment and rehabilitation centers.[2095]

Treatment and rehabilitation centers are divided into 3 categories: voluntary centers, under the Ministry of Public Health; compulsory and correctional centers, under the Ministry of Justice.[2096]

Thai Drug Users Network and Thai Treatment Action Group are NGOs working with treatment and rehabilitation services and offering needle and syringe programs.[2097]

Approximately 1278 drug treatment facilities with 1008 facilities for voluntary treatment services, 91 compulsory centers,</td>
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Prosecutors can suspend further prosecution and mandate that individuals with SUDs be sent to compulsory non-custodial rehabilitation at hospitals and rehabilitation centers for 4-6 months; individuals determined to be substance users but not
</td>
<td>Compulsory custodial treatment is still a form of detention.

More training for law enforcement officers is needed to help with recognizing and identifying individuals with SUDs.[2102]

There is a need for more variety in treatment options that is evidence-based and reaches a wider range of individuals with SUDs.[2103]</td>
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relieved of their offence.[2088] Section 94 of the Narcotics Act 1979 states that an individual who voluntarily enters treatment before arrest or discovery of their offence will be relieved of any criminal offence on successful completion of the treatment program.[2089]			and 179 correctional treatment centers.[2098]	have SUDs will get assigned treatment from Department of Probation for 6 months.[2099] Research into the possibility of using electronic monitoring for substance users and non-violent offenders as an ATI to reduce prison overcrowding was conducted by the department of Social Sciences and Humanities at Mahidol University Thailand with respondents from the Department of Corrections.[2100] Narcotics Addict Rehabilitation Act 2002 allows substance users and individuals with SUDs to be diverted to treatment and dismissal of offences after successful completion of treatment.[2101]	

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The personal use of narcotics is not a crime. The only mention of narcotic use in the penal code is when an individual is associated with an operating a motor vehicle while under the influence in articles 88 and 208.[2104]

In 2016, a draft law was proposed to make the consumption of narcotics illegal, and that the government would like to take a health-based approach towards persons with SUDs.[2105]
</td>
<td>Currently Timor-Leste does not have a National Drug Control Policy.</td>
<td>In a recent opinion survey, narcotics were never mentioned by participants as a challenge on the individual or community level.[2106]</td>
<td>In May of 2019, the government was training drug treatment professionals as a part of The Colombo Plan Universal Treatment Curriculum Training.[2107] However, there are no major organizations involved with the drug treatment community working in Timor-Leste.
Timor-Leste society is heavily focused on family, religion, and community.[2108]

Mental Health Services are predominantly community-based because the country has limited resources to develop drug treatment services and community is built into their culture.[2109] Therefore it is likely that persons with SUDs benefit from community services.</td>
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</table>
No available information on ATIs for SUDs.
</td>
<td>Timor-Leste currently does not have laws that impact persons with SUDs. This may be the case because the number of persons with SUDs found in the country is small. Drug Treatment Capacity needs to be built up before ATIs would be beneficial.</td>
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The Criminal Code states laws surrounding persons with SUDs result in imprisonment. When an individual is charged with intoxication, the listed punishments are not specified. Of the listed punishments that are implemented, only a couple of them would be considered ATIs. There is no evidence that persons with SUDs benefit from receiving these punishments.[2110]

However, if the quantity is small enough individuals can either pay a fine or serve up to 15 days in jail. When persons with SUDs are sent incarcerated, they receive compulsory treatment as a part of their sentence.[2111]
</td>
<td>National drug strategy does not specifically mention the development of ATIs for person with SUDs.

Turkmenistan began implementing a program with the aims of “combating illicit trafficking of drugs, providing assistance to people addicted to narcotic drug and psychotropic substance for 2011-2015” to reduce the proliferation of drugs, combat illicit import and trafficking, and prevent drug use and treat people likely to use narcotic substances.[2112]</td>
<td>Turkmen citizens will tell enquiring foreigners that drug use is prevalent in Ashgabat and that addicts are responsible for many serious crimes including robberies and murders.

“Unemployment is so high, often men are ashamed and start to use heroin.”[2113]

Public opinion views persons with SUDs as broken individuals that have given up on trying to be a part of society and as a result commit crime.</td>
<td>The major organization involved is the government that also provides funds to support persons with SUDs undergoing treatment. The government currently operates 22 correctional institutions, 6 remand centers, with 2 treatment and labor facilities, and 1 in-patient hospital.

Treatment of drug addiction is carried out mainly by state institutions with guaranteed anonymity for users.

Specializations include referral for specialized services, detoxification, HIV testing and Hepatitis C Virus (HCV) testing.[2114]</td>
<td>
<table>
<tr><th>1</th><th>2</th><th>ATI</th></tr>
<tr><td></td><td></td><td>Drug Court</td></tr>
<tr><td></td><td></td><td>Community Service Sentencing</td></tr>
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</table>

No available information on ATIs for SUDS.
</td>
<td>In Turkmenistan the major barriers are that the country currently hasn’t adopted ATIs for other crimes. Right now, the major punishments for crimes are imprisonment and forced labor. As of right now there is no probation or parole system or community service in place. Drug Treatment Capacity needs to be built up before ATIs would be beneficial.</td>
</tr>
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<table>
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Article 96 of the penal code states that if a crime is committed by persons suffering from substance abuse, compulsory medical measures may be included in addition to punishment. Persons with SUDs can receive treatment while incarcerated or after their release. The majority of substance related crime results in imprisonment, however, there are some sentences that result in forced labor or a hefty fine.[2115]
</td>
<td>National drug strategy does not specifically mention the development of ATIs for person with SUDs.

The National Drug Programme focuses on prevention and treatment of drug addiction, implementing control over the scope of prevalence and use, upgrading and developing the system of narcological assistance to people, and implementing technologies for prevention.

Uzbekistan has a focus on improving demand reduction, education, and treatment for persons with SUDs.[2116]</td>
<td>No significant data available that shows public opinion towards ATIs for persons with SUDs.</td>
<td>Most of the drug treatment facilities in Uzbekistan are operated by both government and private institutions. The government funded institutions include one Narcological Centre, 16 regional narcological center, (13 of them have in patient units), 3 narcological in patient clinics, 11 narcological department as part of psychiatric hospitals, 174 district narcological office at central polyclinics, and 34 juvenile offices.

All government funded institutions are free for persons with SUDs.

In the private sector there are 18 private clinics.

Combined between the public and private sector there are 1,812 bed present for</td>
<td>
<table>
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</table>

In 2018, Uzbekistan introduced a probation system into their sentencing structure. It is not known if persons with SUDs benefit from this system however it provides hope for the future.[2118]
</td>
<td>Uzbekistan is trending in the right direction for implementing ATIs for persons with SUDs. The majority of their National Drug Programme is based on demand reduction with a strong emphasis on rehabilitation and treatment for persons with SUDs. However, they are not ready to implement ATIs that keep offenders out of prison, they still send the offender to prison and treat them after their release or during their sentence. With the development of a probation system, it is possible that persons with SUDs could benefit from this, especially on the lower-level crimes such as intoxication.</td>
</tr>
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			residential treatment centers.[2117]	Early release, conditional early release article 73 of penal code. There is no evidence that persons with SUDs benefit from this program however, most substance related crimes meet the qualifications for conditional release from prison.[2119]	

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<table><tr><td></td><td>No</td></tr><tr><td></td><td>Yes, but not implemented</td></tr><tr><td>X</td><td>Yes</td></tr></table> Law on Preventing and Combating Narcotic Drugs 2000, is the main legislation regulating narcotics.[2120] Penal Code was amended in 2009 to recognize individuals with SUDs as a health issue and decriminalized substance use.[2121] Ordinance on Administrative Violations still recognizes substance use as a violation and substance users can be given detention at compulsory treatment at centers.[2122]	National Assembly of Vietnam directs and implements policy regarding drug control focusing on harm reduction and supply and demand reduction.[2123] No national drug control strategy exists. Strategy for drug control does not specifically allow for development of ATI for SUDs.	Political and media outlets heavily influence public perception of substance use as a social evil.[2124] Public perception of substance use is that it causes social harm and crime.[2125] Public opinion does not appear to support ATI for SUDs.	Ho Chi Minh City University of Medicine and Pharmacy is ICUDDR member.[2126] 123 state-ran treatment centers and 9 private treatment centers in Vietnam.[2127] Ministry of Labor, Invalids, and Social Affairs runs state operated compulsory treatment centers also known as 06 centers.[2128]	<table><tr><td>1</td><td>2</td><td>ATI</td></tr><tr><td></td><td>X</td><td>Drug Court</td></tr><tr><td></td><td></td><td>Community Service Sentencing</td></tr><tr><td></td><td></td><td>Non-Custodial Community Programs</td></tr><tr><td></td><td></td><td>Electronic Monitoring in lieu of Incarceration</td></tr><tr><td></td><td></td><td>Pretrial Services Programs</td></tr><tr><td>X</td><td></td><td>Pre-Arrest Administrative Referrals to Treatment</td></tr><tr><td></td><td></td><td>Pretrial Diversion, Dismissal, Suspension or Bail</td></tr><tr><td></td><td></td><td>Sentence Postponement, Deferred Sentencing, Probation/Supervision</td></tr><tr><td></td><td></td><td>Early Release, Parole, Pardon</td></tr></table> In 2018, U.S. State Department and representatives from National Association of Drug Court Professionals conducted training on the US drug court model and supported the pilot programs for 2 drug courts in Hanoi and 2 drug courts in Ho Chi Minh City.[2129]	Confliction between the penal code amendment to decriminalize substance use and detention for substance users at compulsory treatment centers.[2131] Lack of capacity and availability for substance treatment.[2132] Drug treatment capacity needs to be built up. More resources for the training for treatment professionals and evidence-based treatment methods are needed.[2133] Negative view of substance use and public perception of substance users limits support of community-based treatment programs.[2134]

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				In 2019, Vietnam piloted police diversion models in Long Bien and Nam Tu Liem as well as other cities to divert persons with SUDs into community-based treatment.[2130]	

Analysis
Team 8: Asia
Merv Payne and Devon McManamon

Introduction

Alternatives to incarceration provide ways to reduce prison populations and divert individuals away from the criminal justice system. Offering alternatives other than jail or prison can also reduce recidivism rates. Non-violent offenses like substance use and possession of illicit drugs are examples of offenses that can be resolved without sentencing to jail or prison. Illicit drugs have played a role in most Asian countries due to trafficking, production, and usage in the region. Substance use is seen as a growing problem in some parts of Asia and sentences vary depending on the country but are largely punitive. Individuals with substance use disorders (SUDs), require specialized assistance that can be acquired outside of the criminal justice system. Available information on treatment for SUDs and prison alternatives in Asia is limited in some countries and was challenging in some cases to find. The following is a review of alternatives to incarceration efforts specifically for SUDs in Asia.[14]

Legal Framework

Substance use is criminalized and sentences for drug-related offenses are severe in most of the region. Most countries in Asia do not have laws in place specifically for alternatives to incarceration (ATIs) for SUDs. There are some countries that do have provisions for ATIs in their narcotics legislation, but it is unclear if these laws are being implemented in substance use cases and if persons with SUDs benefit from these provisions. Brunei, India, Japan, Kyrgyzstan, Taiwan, and Vietnam are some of the countries that have allowed for some form of ATI for SUDs in their laws. Under Article 92 of Cambodia's Law on Control of Drugs 2012, persons with SUDs can be sent to treatment by courts and receive a warning upon completion of a treatment program instead of being prosecuted for substance use. The Maldives also allows persons with SUDs to not be prosecuted if they undergo substance treatment under The Drugs Act stipulated by the National Drug Agency. The legal framework for the region remains punitive towards substance use and other drug-related offenses.

Drug Control Strategy and Public Opinion

Policy in the region mostly focuses on supply/demand reduction and preventing the trafficking of narcotics since trafficking is prominent throughout the Southeastern and Western Asian countries. Some countries do not have an official national drug control strategy in place. The ones that do are centered around harm reduction principles and mention providing treatment and aftercare services, increasing

[14] Afghanistan, Armenia, Bangladesh, Bhutan, Brunei, Cambodia, China, India, Indonesia, Japan, Kyrgyzstan, Laos, Malaysia, Maldives, Mongolia, Myanmar (Burma), Nepal, Democratic People's Repulic of Korea (North Korea), Pakistan, Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan, Vietnam

substance use awareness, and building drug treatment capacity. Myanmar's National Drug Control Policy 2018 has suggested developing ATIs for persons with SUDs as part of its drug control strategy. Most countries do not specifically mention the development of ATIs for persons with SUDs in their national drug control strategies but may be open to the concept based on public opinion and shifting policy trends. Sri Lankan authorities have reviewed offering treatment to substance users instead of prison sentences and there is some public support for ATIs for minor offenses including substance use. Public support for treating SUDs as a health issue in Taiwan and Kyrgyzstan also suggests that these countries may be open to developing ATIs for persons with SUDs. Other countries in the region do not have strong public support for ATIs or there is no information available for public support for ATIs. Stigmatization towards substance use and negative perception on drugs also affects public support for ATIs for persons with SUDs in countries like Japan, South Korea, the Maldives, Singapore, and the Philippines. Public opinion in the region is about evenly split with some countries showing support for ATI for persons with SUDs and others viewing substance use as a criminal matter and support criminalization efforts.

Drug Treatment Community

Most countries in Asia have a drug treatment community that is developed in either the public, private, or non-governmental organization (NGO) sectors. The Democratic People's Republic of Korea and Timor-Leste are the only countries where information on the drug treatment community is inconclusive. Some countries like Thailand, Nepal, and the Maldives can benefit from capacity building and training in evidence-based treatment to further develop their drug treatment community. A unique system exists in Taiwan, where the money collected from fines for drug-related crimes is invested into drug treatment programs to increase effectiveness for persons with SUDs going to treatment.

Status of ATIs

About two-thirds of the region have implemented or are currently considering implementing ATIs for SUDS. Of the countries that have implemented an ATI, these countries typically have don't have more than two ATIs implemented.

Barriers

There are two major barriers for ATIs for SUDs in Asia. The first major barrier is the strong stigmatization that the public has towards persons with SUDs. As a result of this strong stigmatization, there is very little public support or very few activist groups that are trying to communicate to their respective governments to explore ATIs for persons with SUDs. As a result of this is we have seen that most of the National Drug Strategies being implemented focus on a supply/demand approach and don't mention ATIs for SUDs. The closest thing these countries acknowledge in their national drug policy is the expansion of treatment and rehabilitation programs for persons with SUDs. That only benefits the person with SUDs prior to committing a crime, and we often see that persons with SUDs do not seek treatment unless a major event such as getting arrested occurs. The other major barrier is that many laws in the region impose lengthy and sometimes severe sentences for drug offenses. Some laws state that if an individual is caught with a small amount of drug in their possession, they could receive the same punishment as an individual who is perpetrating drug trafficking in that same country. Therefore,

individuals who commit lower drug crimes are being punished for major trafficking crimes. We have discovered that the countries set limits for this distinction between possession and trafficking, but the limit is so small it makes it easier for individuals to be charged with trafficking.

Conclusion

In Asia, nearly half of the countries are shifting from punitive to more progressive measures to address persons with SUDs. Alternatives to incarceration provide ways to reduce prison populations and divert individuals away from the criminal justice system. This is especially important because of the lasting impact of the Covid-19 virus. With more than half of the countries in Asia considering implementing ATIs, the Covid-19 virus may have had an impact for these countries to consider ATIs faster than they would if it didn't occur. This catastrophic event may eventually lead to countries to analyze how their drug laws are written to reduce prison populations. By achieving this, individuals who are charged with minor drug-related crimes may not receive the same punishment as major drug crimes, thus, leading to a person with SUDs to receive proper treatment to reintegrate back into society. When these individuals reintegrate into society this will help alleviate the stigmatization surrounding drug use in Asia.

World Maps

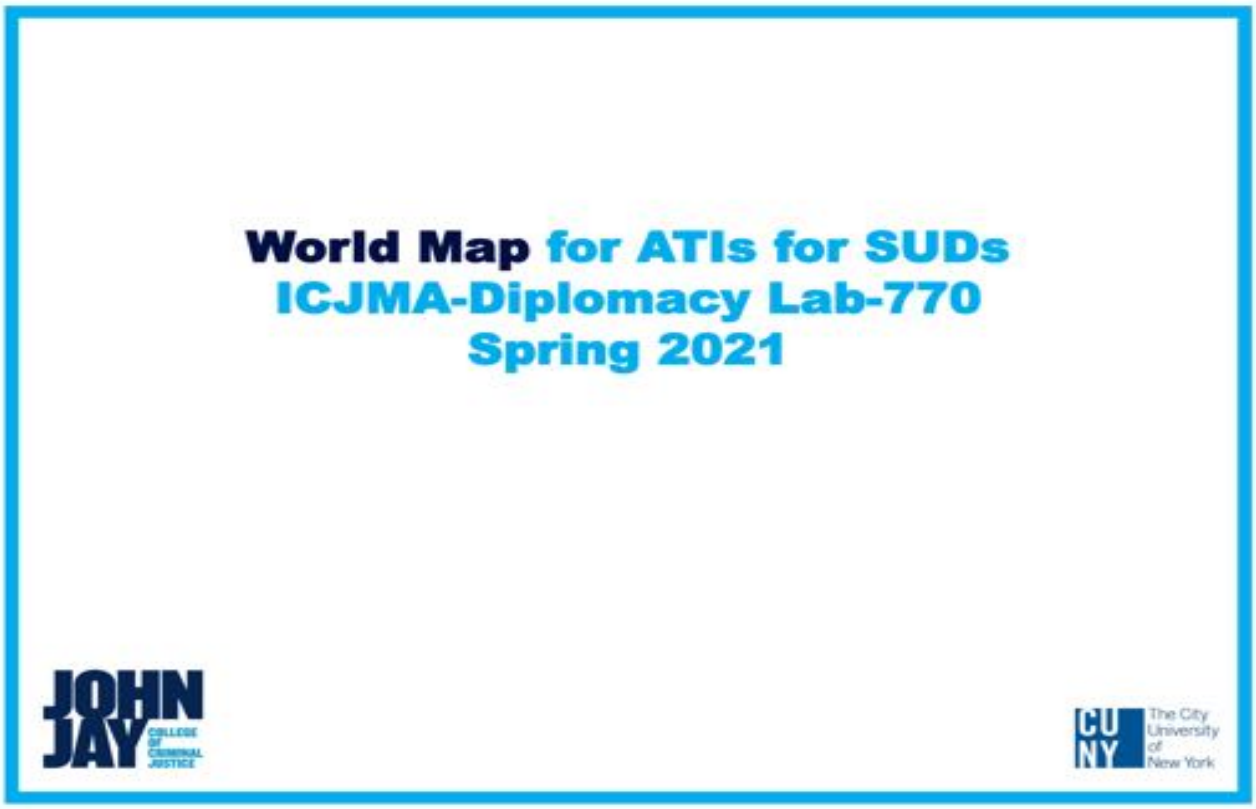

World Map for ATIs for SUDs
ICJMA-Diplomacy Lab-770
Spring 2021
JOHN JAY COLLEGE OF CRIMINAL JUSTICE
CUNY The City University of New York

Figure 1. Do laws allow for ATI for SUDs?

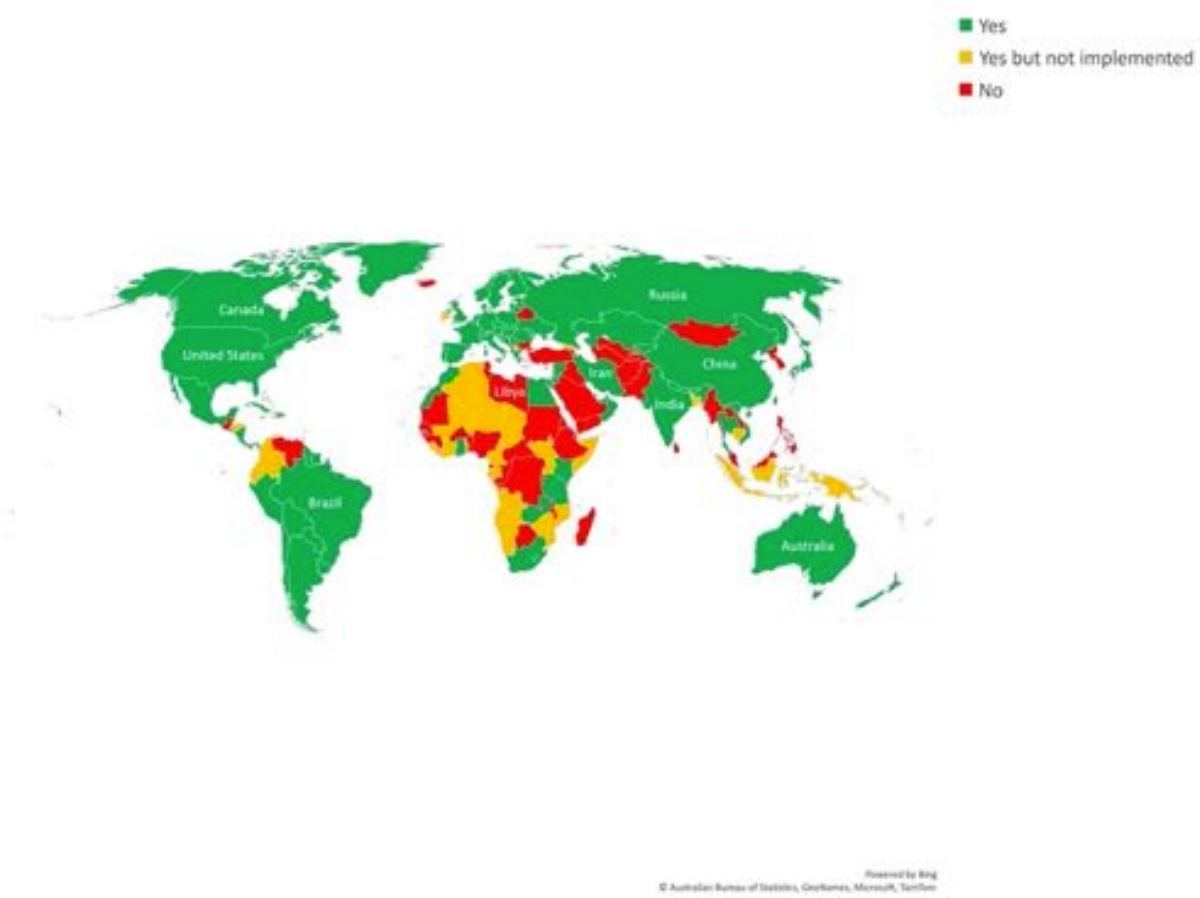


Figure 2. Does national drug control strategy allow for development of ATI for SUDs?

Figure 3. Does public opinion support ATI for SUDs?

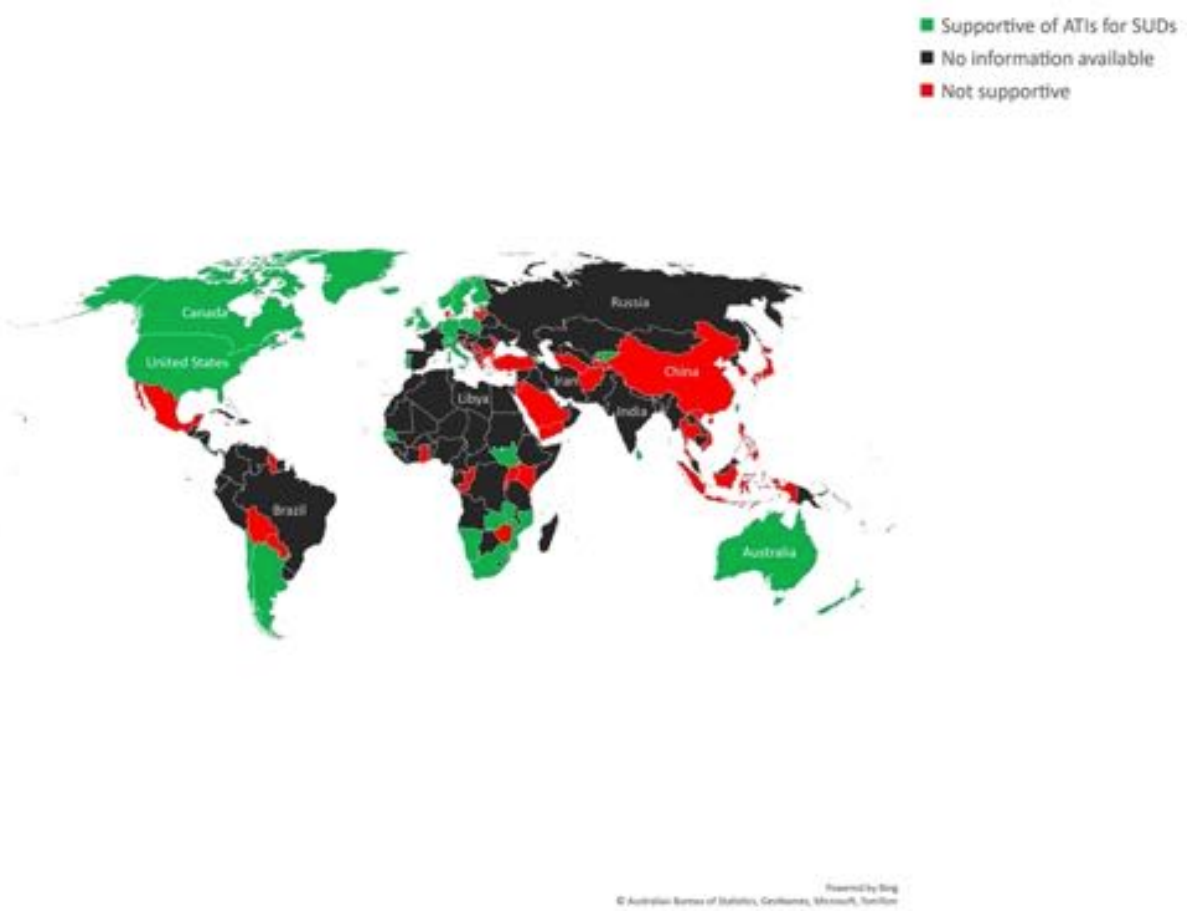


Figure 4. What is the nature of the professional drug treatment community?

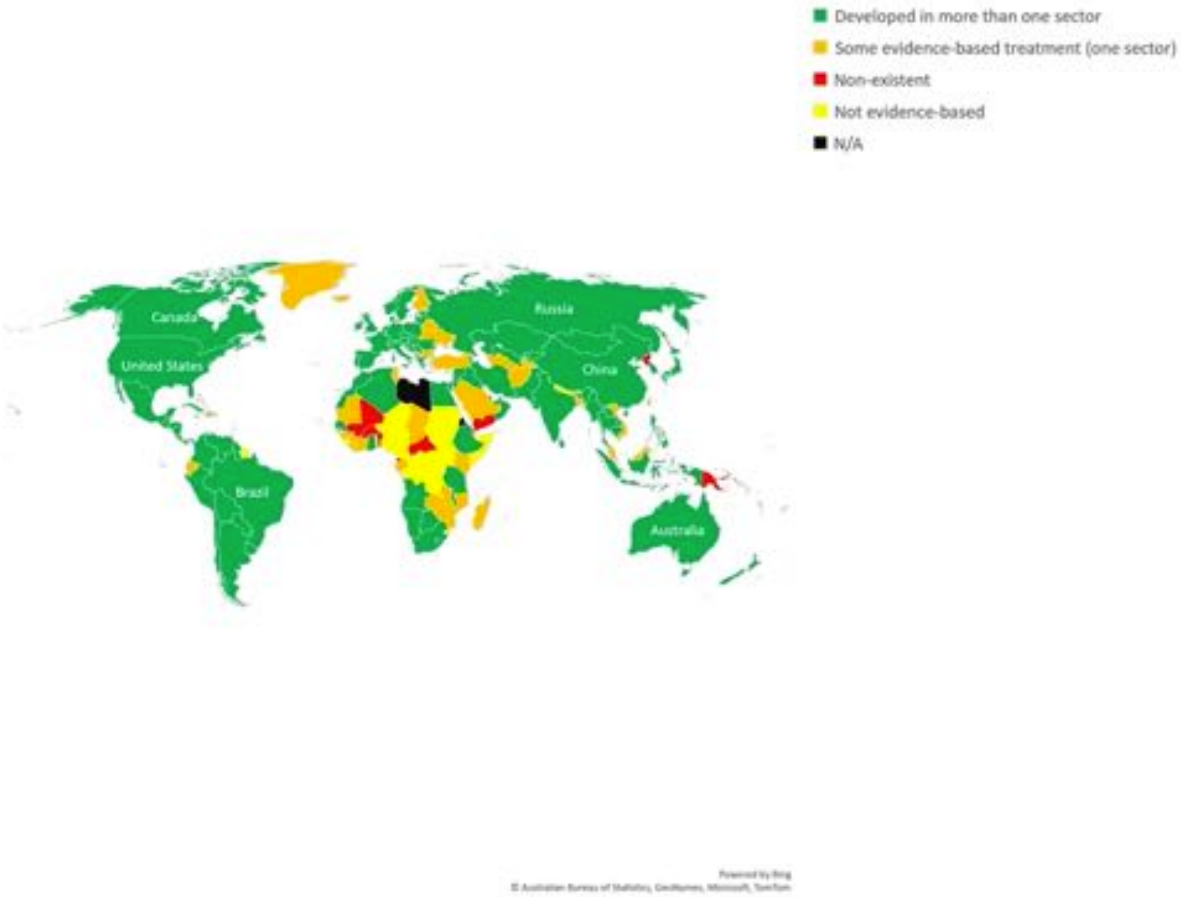
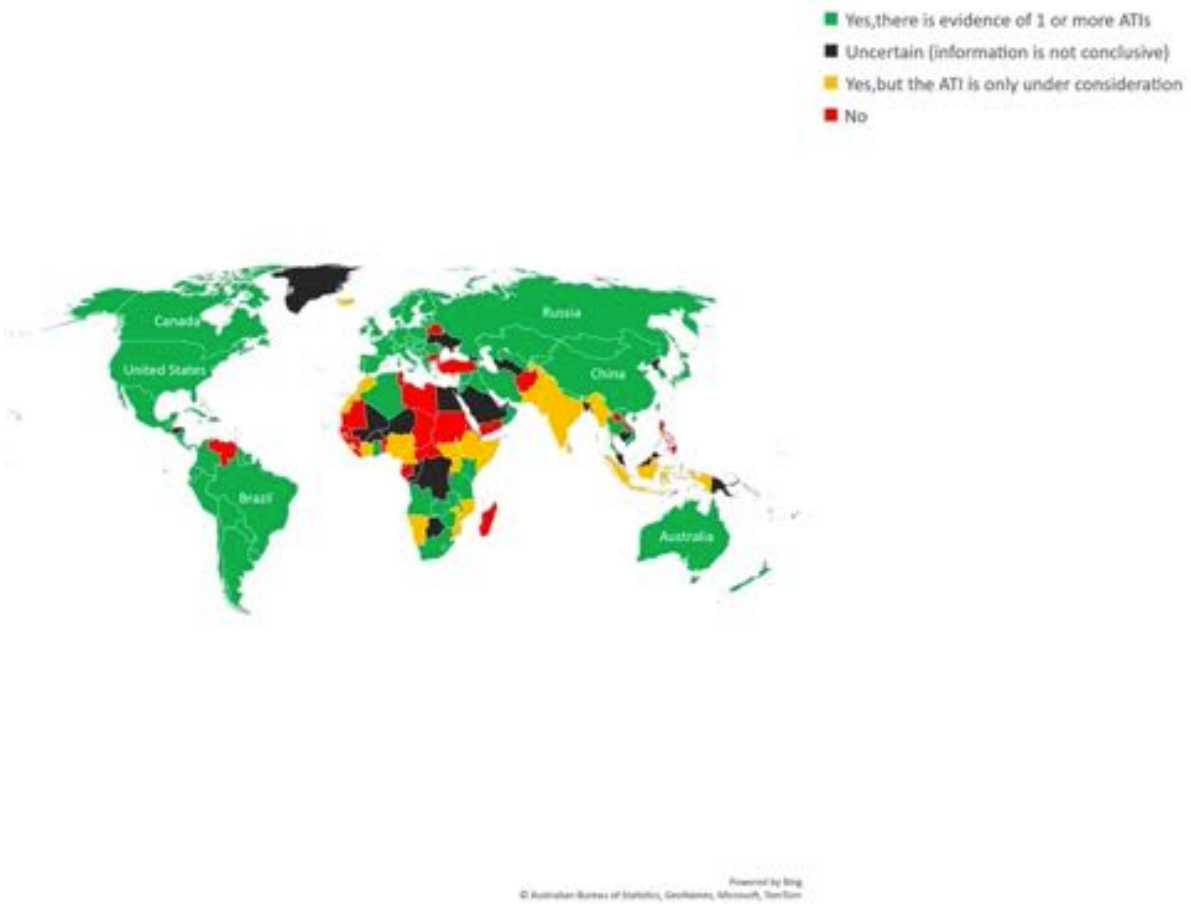


Figure 5. Are there ATIs in operation or under consideration for SUDs?



[1] Buchanan, K. (2014). *Sentencing Guidelines: Australia*. Law Library of Congress. https://www.loc.gov/law/help/sentencing-guidelines/australia.php
[2] Federal Register of Legislation. (n.d.). *Crimes Act 1914* (au). Attorney-General's Department. http://www.legislation.gov.au/Details/C2017C00297
[3] NSW Legislation. (2021). *Crimes (Sentencing Procedure) Act 1999 No 92—NSW Legislation*. https://www.legislation.nsw.gov.au/view/html/inforce/current/act-1999-092#sec.11
[4] The Judicial Conference of Australia. (2019). *A Guide to Sentencing in Australia*. https://www.ajoa.asn.au/wp-content/uploads/2017/09/P25_02_29-Final-JCA-booklet.pdf
[5] Parliamentary Counsel. (2017). *Penalties and Sentences Act 1992*. https://www.legislation.qld.gov.au/view/pdf/2017-10-27/act-1992-048
[6] Legal Services Commission of South Australia. (2018). *Sentencing*. https://lsc.sa.gov.au/dsh/print/ch10.php
[7] Tasmanian Government. (2021). *Sentencing Act 1997*. Tasmania's consolidated legislation online https://www.legislation.tas.gov.au/view/html/inforce/current/act-1997-059
[8] Victorian Current Acts. (1991). *Sentencing Act 1991*. http://classic.austlii.edu.au/au/legis/vic/consol_act/sa1991121/
[9] Western Australian Legislation. (2021). *Sentencing Act 1995*. https://www.legislation.wa.gov.au/legislation/prod/filestore.nsf/FileURL/mrdoc_43608.pdf/$FILE/Sentencing%20Act%201995%20-%20%5B10-h0-00%5D.pdf?OpenElement
[10] ACT Legislation Register. (2021). *Crimes (Sentencing) Act 2005*. https://www.legislation.act.gov.au/a/2005-58/
[11] Northern Territory Legislation. (2016). *Sentencing Act 1995*. https://legislation.nt.gov.au/en/Legislation/SENTENCING-ACT-1995
[12] Buchanan, K. (2014). *Sentencing Guidelines: Australia.* Law Library of Congress. https://www.loc.gov/law/help/sentencing-guidelines/australia.php
[13] Australian Government Department of Health. (2019, February 6). *National Drug Strategy*. https://www.health.gov.au/resources/collections/national-drug-strategy
[14] Australian Government Department of Health. (2020, January 7). *National Framework for Alcohol, Tobacco and Other Drug Treatment 2019–29*. https://www.health.gov.au/resources/publications/national-framework-for-alcohol-tobacco-and-other-drug-treatment-2019-29
[15] Sentencing Advisory Council. (2011). *Alternatives to Imprisonment: Community Views in Victoria*. https://www.sentencingcouncil.vic.gov.au/sites/default/files/2019-08/Alternatives_to_Imprisonment_Community_Views_in_Victoria.pdf
[16] Bartels, L., Fitzgerald, R., & Freiberg, A. (2018). Public opinion on sentencing and parole in Australia. *Probation Journal*, *65*(3), 269–284. https://doi.org/10.1177/0264550518776763
[17] Mackenzie, G., Spiranovic, C., Warner, K., Stobbs, N., Gelb, K., Indermaur, D., Roberts, L., Broadhurst, R., & Bouhours, T. (2012). Sentencing and public confidence: Results from a national Australian survey on public opinions towards sentencing. *Australian & New Zealand Journal of Criminology*, *45*(1), 45–65. https://doi.org/10.1177/0004865811431328
[18] Simpson, P., Guthrie, J., Lovell, M., Doyle, M., & Butler, T. (2015, December 11). Assessing the public's views on prison and prison alternatives: Findings from public deliberation research in three Australian Cities. *Journal of Public Deliberation*, *11*(2), 1–24. https://doi.org/10.16997/jdd.231
[19] Dale, A. (2020, October 28). *Courting alternatives: Are divisionary programs the answer?*. Law Society Journal. https://lsj.com.au/articles/courting-alternatives-are-diversionary-programs-the-answer/
[20] Australian Institute of Health and Welfare. (2020). *Alcohol and other drug treatment services in Australia 2018–19*. https://www.aihw.gov.au/getmedia/44dcd395-2eb4-472c-af6e-57580c7993c4/aihw-hse-243.pdf.aspx?inline=true
[21] Alcohol and Drug Foundation. (2021). *Help & Support*. https://adf.org.au/help-support/
[22] Healthdirect Australia. (2020, July 2). *Drug and alcohol rehabilitation*. https://www.healthdirect.gov.au/drug-and-alcohol-rehabilitation
[23] Government of South Australia. (2021). *Drug and alcohol training and development*. https://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Clinical+Resources/Clinical+Programs+and+Practice+Guidelines/Substance+misuse+and+dependence/Drug+and+alcohol+training+and+development/Drug+and+alcohol+training+and+development

[24] IDP Company. (n.d.). *Postgraduate Addiction / Substance Abuse: Support / Counselling Degrees & Courses In Australia*. https://www.hotcoursesabroad.com/study/training-degrees/australia/postgraduate/addiction-substance-abuse-support-counselling-courses/loc/9/slevel/3/cgory/ps.21-4/sin/ct/programs.html
[25] Monash University. (2021). *Addictive Behaviours—M6014*. Study at Monash University. https://www.monash.edu/study/courses/find-a-course/2021/addictive-behaviours-m6014
[26] University of Tasmania. (2020, August 7). *H5G Graduate Certificate in Addiction Studies for Health Professionals—Courses & Units*. Courses - University of Tasmania. https://www.utas.edu.au/courses/chm/courses/h5g-graduate-certificate-in-addiction-studies-for-health-professionals
[27] Toronto Public Health. (2018). *Quick Facts: Canada's Drug Laws and Strategies*. https://www.toronto.ca/wp-content/uploads/2018/05/970c-Canadas-Drug-Laws-Strategies.pdf
[28] Canadian Legislative Services. (2020, July 1). *Canadian Criminal Code*. https://laws-lois.justice.gc.ca/eng/acts/C-46/page-185.html?txthl=alternative#s-717
[29] Government of Canada. (2018, August 13). *Treatment: Canadian Drugs and Substances Strategy*. https://www.canada.ca/en/health-canada/services/substance-use/canadian-drugs-substances-strategy/treatment.html
[30] Government of Canada. (2018, September 10). *Strengthening Canada's Approach to Substance Use Issues*. https://www.canada.ca/en/health-canada/services/substance-use/canadian-drugs-substances-strategy/strengthening-canada-approach-substance-use-issue.html
[31] Government of Canada. (2018, September 10). *Strengthening Canada's Approach to Substance Use Issues.* https://www.canada.ca/en/health-canada/services/substance-use/canadian-drugs-substances-strategy/strengthening-canada-approach-substance-use-issue.html
[32] Canadian Department of Justice. (2015, January 7). *Public Perception of Crime and Justice in Canada: A Review of Opinion Polls.* https://www.justice.gc.ca/eng/rp-pr/csj-sjc/crime/rr01_1/p4.html
[33] Jordan, D. (2020, November 3). *A New Report Shows What Canadians Think About Addiction*. Sunshine Coast Health Centre. https://www.sunshinecoasthealthcentre.ca/survey-mental-illness-cma/
[34] World Health Organization. (2010). *Resources for the Prevention and Treatment of Substance Use Disorders (SUD): Canada.* https://www.who.int/substance_abuse/publications/atlas_report/profiles/canada.pdf
[35] Sunshine Coast Health Centre. (2021, January 21). *Sunshine Coast Health Centre: Mental Health and Addiction Treatment*. https://www.sunshinecoasthealthcentre.ca
[36] Canadian Centre on Substance Abuse & Addiction. (2017, November). *Finding Quality Addiction Care in Canada*. https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Addiction-Care-in-Canada-Treatment-Guide-2017-en.pdf
[37] World Health Organization. (2010). *ATLAS of Substance Use Disorders: Resources for the Prevention and Treatment of Substance Use Disorders (SUD): Canada.* https://www.who.int/substance_abuse/publications/atlas_report/profiles/canada.pdf
[38] World Health Organization. (2010). *ATLAS of Substance Use Disorders: Resources for the Prevention and Treatment of Substance Use Disorders (SUD): Canada.* https://www.who.int/substance_abuse/publications/atlas_report/profiles/canada.pdf
[39] Canadian Department of Justice. (2021, February 18). *Drug Treatment Court Funding Program.* https://www.justice.gc.ca/eng/fund-fina/gov-gouv/dtc-ttt.html
[40] Canadian Department of Justice. (2015, January 07). *Public perception of crime and justice in Canada: A review of opinion polls.* https://www.justice.gc.ca/eng/rp-pr/csj-sjc/crime/rr01_1/p4.html
[41] Bonta, J., Wallace-Capretta, S., & Rooney, J. (1999, May). *Electronic Monitoring in Canada*. Public Safety Canada. https://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/lctrnc-mntrng-cnd/index-en.aspx#_Toc449518647
[42] Government of Canada. (2019, December 19). *Pre-Trial Services Program*. Justice and Public Safety. https://www.gov.nl.ca/jps/corrections/pre-trial-services/
[43] Canadian Department of Justice. (2015, January 7). *Police Discretion with Young Offenders*. https://www.justice.gc.ca/eng/rp-pr/cj-jp/yj-jj/discre/descript/alt-rech.html
[44] Government of Canada. (2021, February 2). *Parole in Canada*. https://www.canada.ca/en/parole-board/services/parole.html
[45]Jordan, D. (2020, November 03*). A new report shows what Canadians think about addiction*. Sunshine Coast Health Centre. https://www.sunshinecoasthealthcentre.ca/survey-mental-illness-cma/

[46] Pacific Islands Legal Information Institute. (1999). *Federated States of Micronesia Rules of Court*. Pacific Islands Legal Information Institute. http://www.paclii.org/fm/Rules/FSM-CriminalProcedureTitle12-CriminalProcedure.html
[47] Bacalando, L. (2019). *Statement of the Federated States of Micronesia*. Commission on Narcotic Drugs, 62nd Session. https://www.unodc.org/documents/commissions/CND/2019/2019_MINISTERIAL_SEGMENT/15March/Micronesia.pdf
[48] FSM Department of Health and Social Affairs. (2020). *FSM Department of Health and Social Affairs*. https://hsa.gov.fm/
[49] SAMHSA. (2018). *Grants State Years*. https://www.samhsa.gov/grants-awards-by-state/FM/discretionary/2018/details
[50] U.S. Department of State Overseas Security Advisory Council. (2020). *Micronesia 2020 Crime & Safety Report*. https://www.osac.gov/Content/Report/d6cd1146-edd9-4ae5-bd05-1829eeb6b97b
[51] Hall, D. E. (1997). World Factbook of Criminal Justice Systems—Federated States of Micronesia. *United States Department of Justice: Bureau of Justice Statistics*, 1-15. https://www.ojp.gov/ncjrs/virtual-library/abstracts/world-factbook-criminal-justice-systems-federated-states-micronesia
[52] Rehuher, D., Hishinuma, E. S., Willis, K., & Roberts, S. (2019, August 20). *Behavioral Health Among Micronesians*. Behavioral Health TeleECHO Clinic. https://static1.squarespace.com/static/569418a269a91a5371ed8b4e/t/5d5c7c7a06b87c0001794b54/1566342286713/2019.08.20-+Compressed_micronesian+mh+and+behavioral+wellness_project+ECHO_190820_version+190819a.pdf
[53] Borja, J. I. (2017, May 2). Alcohol, drug use discussed at 22nd Micronesian Islands Forum. *The Arizona Republic*. https://www.azcentral.com/story/news/2017/05/02/alcohol-drug-use-discussed-22nd-micronesian-islands-forum/101187260/
[54] Hezel, F. X. (1997). *Alcohol and Drug Use in the Federated States of Micronesia – Micronesian Seminar*. https://micronesianseminar.org/article/alcohol-and-drug-use-in-the-federated-states-of-micronesia/
[55] U.S. Department of State Overseas Security Advisory Council. (2020). *Micronesia 2020 Crime & Safety Report*. https://www.osac.gov/Content/Report/d6cd1146-edd9-4ae5-bd05-1829eeb6b97b
[56] World Health Organization. (2004). *WHO Global Status Report on Alcohol 2004 1*. https://www.who.int/substance_abuse/publications/en/micronesia.pdf?ua=1
[57] Standing Committee on Justice, Law, and Human Rights. (2018, May). *Report On The Community Based Corrections Bill*. Parliament of the Republic of Fiji. http://www.parliament.gov.fj/wp-content/uploads/2018/05/Standing-Committee-on-JLHR-Report-on-the-Community-Based-Corrections-Bill-No-33-2016.pdf
[58] Standing Committee on Justice, Law, and Human Rights. (2018, May). *Report On The Community Based Corrections Bill*. Parliament of the Republic of Fiji. http://www.parliament.gov.fj/wp-content/uploads/2018/05/Standing-Committee-on-JLHR-Report-on-the-Community-Based-Corrections-Bill-No-33-2016.pdf
[59] Ministry of Health. (2013). *The National Medicinal Products Policy of the Republic of Fiji 2013.* Ministry of Health & Medical Services. http://www.health.gov.fj/wp-content/uploads/2018/02/Fiji-National-Medicinal-Products-Policy-2013.pdf
[60] Ministry of Health. (2013). *The National Medicinal Products Policy of the Republic of Fiji 2013.* Ministry of Health & Medical Services. http://www.health.gov.fj/wp-content/uploads/2018/02/Fiji-National-Medicinal-Products-Policy-2013.pdf
[61] Reece, L. (2016, November 30). Gross Overcrowding of Prisons Brings High Imprisonment Costs. *Fijivillage* https://www.fijivillage.com/news/Gross-overcrowding-of-prisons-brings-high-imprisonment-costs---Panapasa-rs59k2/
[62] World Health Organization. (2010). *ATLAS of Substance Use Disorders: Resources for the Prevention and Treatment of Substance Use Disorders (SUD): Fiji.* https://www.who.int/substance_abuse/publications/atlas_report/profiles/fiji.pdf
[63] Ministry of Health & Medical Services. (2018). *Mental Health*. http://www.health.gov.fj/mental-health/
[64] World Health Organization. (2010). ATLAS of Substance Use Disorders: *Resources for the Prevention and Treatment of Substance Use Disorders (SUD): Fiji.* https://www.who.int/substance_abuse/publications/atlas_report/profiles/fiji.pdf
[65] Puamau, E. S., Roberts, G., Schmich, L., & Power, R. (2011). Drug and alcohol use in Fiji: A review. *Pacific Health Dialog, 17*(1), 165-171.
[66] World Health Organization. (2010). *ATLAS of Substance Use Disorders: Resources for the Prevention and Treatment of Substance Use Disorders (SUD): Fiji.* https://www.who.int/substance_abuse/publications/atlas_report/profiles/fiji.pdf
[67] Ministry of Health. (2013). *The National Medicinal Products Policy of the Republic of Fiji 2013.* Ministry of Health & Medical Services. http://www.health.gov.fj/wp-content/uploads/2018/02/Fiji-National-Medicinal-Products-Policy-2013.pdf

[68] Pacific Islands Legal Information Institute. (1977). *Laws of the Gilbert Islands Revised Edition 1977.* http://www.vertic.org/media/National%20Legislation/Kiribati/KI_Penal_Code.pdf
[69] Pacific Islands Legal Information Institute. (1977). *Laws of the Gilbert Islands Revised Edition 1977.* http://www.vertic.org/media/National%20Legislation/Kiribati/KI_Penal_Code.pdf
[70] OSAC. (2019). *Kiribati 2019 Crime & Safety Report.* https://www.osac.gov/Content/Report/71682d55-8e68-4ff6-8019-15f4aec3a581
[71] End Corporal Punishment.Org. (2020). *Corporal punishment of children in Kiribati*. http://www.endcorporalpunishment.org/wp-content/uploads/country-reports/Kiribati.pdf
[72] United Nations Children's Fund. (2017). *Diversion not detention: Alternative measures for children in conflict with the law in East Asia and the Pacific*. https://www.unicef.org/Diversion_Not_Detention_-_Alternative_Measures_for_Children_in_Conflict_with_the_Law_in_East_Asia_and_Pacific.pdf
[73] Rehab Marketing Agency. (2021). *Rehab Marketing Agency in Kiribati—Addiction Treatment Marketing.* https://rehabmarketing.agency/kiribati/
[74] OSAC. (2020). *Kiribati 2020 Crime & Safety Report*. https://www.osac.gov/Content/Report/a0739981-fcee-4321-8483-18e7f9c8a7f3
[75] World Health Organization. (2013). *WHO proMIND: Profiles on Mental Health in Development: Republic of Kiribati*. https://apps.who.int/iris/bitstream/handle/10665/85307/9789241505673_eng.pdf?sequence=1
[76] U.S. Department of State, Bureau of Democracy, Human Rights, and Labor. (2019). *2019 Country Reports on Human Rights Practices: Kiribati*. United States Department of State. https://www.state.gov/reports/2019-country-reports-on-human-rights-practices/kiribati/
[77] Prison Insider. (2016). *Kiribati: Prisons in 2020*. https://www.prison-insider.com/en/countryprofile/kiribati-2020?s=vue-d-ensemble
[78] United Nations Children's Fund. (2017). *Diversion not detention: Alternative measures for children in conflict with the law in East Asia and the Pacific*. https://www.unicef.org/Diversion_Not_Detention_-_Alternative_Measures_for_Children_in_Conflict_with_the_Law_in_East_Asia_and_Pacific.pdf
[79] United Nations Children's Fund. (2017). *Diversion not detention: Alternative measures for children in conflict with the law in East Asia and the Pacific*. https://www.unicef.org/Diversion_Not_Detention_-_Alternative_Measures_for_Children_in_Conflict_with_the_Law_in_East_Asia_and_Pacific.pdf
[80] World Health Organization. (2013). *WHO proMIND: Profiles on Mental Health in Development Republic of Kiribati*. Department of Mental Health and Substance Abuse. https://apps.who.int/iris/bitstream/handle/10665/85307/9789241505673_eng.pdf?sequence=1
[81] U.S. Department of State, Bureau of International Narcotics and Law Enforcement Affairs. (2021). *International Narcotics Control Strategy Report. Volume I: Drug and Chemical Control*. https://www.state.gov/wp-content/uploads/2021/02/International-Narcotics-Control-Strategy-Report-Volume-I-FINAL-1.pdf
[82] Republic of the Marshall Islands. (2011). *Title 31 Crimes and Punishments—Criminal Code 2011*. RMI Parliament. https://rmiparliament.org/cms/images/LEGISLATION/PRINCIPAL/2011/2011-0059/CriminalCode2011_1.pdf
[83] Republic of the Marshall Islands. (2011). *Title 31 Crimes and Punishments—Criminal Code 2011*. RMI Parliament. https://rmiparliament.org/cms/images/LEGISLATION/PRINCIPAL/2011/2011-0059/CriminalCode2011_1.pdf
[84] Federal Court of Australia. (2013, September 23). *International Programs—Promoting mediation across the Pacific, 2009-10*. https://www.fedcourt.gov.au/about/international-programs/activities-by-country/pacific-region/promoting-mediation
[85] Republic of the Marshall Islands. (2004). *Marshall Islands Consolidated Legislation*. ILO. http://ilo.org/dyn/natlex/docs/ELECTRONIC/74125/76208/F124708119/MHL74125.pdf
[86] Economic Policy, Planning and Statistics Office. (2014). *National Strategic Plan 2015-2017*. ADB. https://www.adb.org/sites/default/files/linked-documents/cobp-rmi-2016-2018-ld-04.pdf
[87] Ministry of Health. (2016). *Ministry of Health Fiscal Year 2016 Annual Report*. http://rmihealth.org/attachments/article/192/FY2016%20MOH%20Summary%20Report_2016.pdf
[88] World Health Organization. (2015). *Profile on mental health in development (WHO proMIND): Republic of the Marshall Islands*. http://apps.who.int/iris/bitstream/handle/10665/185038/9789241509435_eng.pdf;jsessionid=4BE1BBB9168D90E15FCFB25A48F0520A?sequence=1
[89] Francis, X., & Hezel, S. J. (1997). Alcohol and Drug Use in the Republic of the Marshall Islands – Micronesian Seminar. *MicSem Publications*. http://micronesianseminar.org/article/alcohol-and-drug-use-in-the-republic-of-the-marshall-islands/
[90] World Health Organization. (2015). *Mental Health Policy and Service Development*. https://www.who.int/mental_health/policy/services/en/

[91] *Ministry of Health Republic Of Marshall Islands Majuro*. (n.d.). Rmihealth. http://rmihealth.org/
[92] Salvation Army. (n.d.). *Combat Addiction—The Salvation Army Marshall Islands*. https://marshallislands.salvationarmy.org/marshall_islands/combat-addiction/
[93] World Prison Brief. (2020). *Marshall Islands*. https://www.prisonstudies.org/country/marshall-islands
[94] U.S. Department of State Overseas Security Advisory Council. (2019). *Marshall Islands 2019 Crime & Safety Report*. OSAC. https://www.osac.gov/Content/Report/d74affe3-65a6-4ab1-b03a-15f4aebf1080
[95] Giff, J. (2020, May 19). *Hard drug use widespread in Marshall Islands capital*. RNZ. https://www.rnz.co.nz/international/pacific-news/416996/hard-drug-use-widespread-in-marshall-islands-capital
[96] Giff, J. (2020b, December 4). *Marshall Islands cocaine problem in spotlight as prosecutions multiply*. RNZ. https://www.rnz.co.nz/international/pacific-news/432100/marshall-islands-cocaine-problem-in-spotlight-as-prosecutions-multiply
[97] World Prison Brief. (2020). *Marshall Islands*. https://www.prisonstudies.org/country/marshall-islands
[98] Fielder, M. (2017, November 6). *Human Rights Issues in the Marshall Islands*. The Borgen Project. https://borgenproject.org/human-rights-issues-in-the-marshall-islands/
[99] U.S Department of State. (2018). *2018 Country Reports on Human Rights Practices: Marshall Islands*. https://www.state.gov/reports/2018-country-reports-on-human-rights-practices/marshall-islands/
[100] Republic of Nauru. (2016). *Nauru Crimes Act*. OHCHR. https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/NRU/INT_CEDAW_ARL_NRU_28029_E.pdf
[101] Republic of Nauru. (2009). *Correctional Service Act*. Pacific Islands Legal Information Institute. http://www.paclii.org/nr/legis/num_act/csa2009216/index.html#p7
[102] Republic of Nauru. (2012). *Criminal Procedure Act*. Pacific Islands Legal Information Institute. http://www.paclii.org/nr/legis/num_act/cpa1972188/
[103] Republic of Nauru. (2008). *Illicit Drug Controls Act*. Pacific Islands Legal Information Institute. http://www.paclii.org/nr/legis/num_act/idca2004242/
[104] Republic of Nauru. (2021). *Republic of Nauru Hospital*. http://www.naurugov.nr/government/departments/department-of-health-and-medicinal-service.aspx
[105] Republic of Nauru. (2021). *Republic of Nauru Hospital*. http://www.naurugov.nr/government/departments/department-of-health-and-medicinal-service.aspx
[106] Republic of Nauru. (2021). *Republic of Nauru Hospital*. http://www.naurugov.nr/government/departments/department-of-health-and-medicinal-service.aspx
[107] World Health Organization. (2012). *WHO proMIND: Profiles on mental health in development: Republic of Nauru.* https://apps.who.int/iris/bitstream/handle/10665/85305/9789241504164_eng.pdf;jsessionid=2032278F75C6C72CE9D675A28722852F?sequence=1
[108] Bull, J., Beaumont, J., & Cooper, A. (2012). *Alternatives to prison: A report for the New Zealand Council for Civil Liberties*. https://nzccl.org.nz/sites/default/files/Alternatives%20to%20Prison%20report%202012.pdf, p. 22.
[109] Ministry of Justice & Department of Corrections. (2002). *Sentencing Act 2002 No 9*. Parliamentary Counsel Office. https://www.legislation.govt.nz/act/public/2002/0009/143.0/DLM135544.html
[110] The Parliament of New Zealand. (2017). *Substance Addiction (Compulsory Assessment and Treatment) Act 2017*. https://www.legislation.govt.nz/act/public/2017/0004/23.0/DLM6609057.html
[111] New Zealand Ministry of Health. (2015.). *National Drug Policy 2015 to 2020.* https://www.health.govt.nz/publication/national-drug-policy-2015-2020
[112] The Law Commission. (2010*). Controlling and regulating drugs*. Law Commission. https://www.lawcom.govt.nz/sites/default/files/projectAvailableFormats/NZLC%20IP16.pdf
[113] Inter-Agency Committee on Drugs & Ministry of Health. (2016). *National drug policy 2015 to 2020. Minimise alcohol and other drug-related harm and promote and protect health and wellbeing.* http://natlib-primo.hosted.exlibrisgroup.com/NLNZ:NLNZ:NLNZ_ALMA21271577170002836
[114] Hāpaitia te Oranga Tangata. (2019). *Public perceptions and appetite for transforming the criminal justice system*. https://safeandeffectivejustice.govt.nz/assets/Research-Evidence-Files/bcc5d4f5d9/2019-survey-attitudes-justice-system.pdf
[115] Bull, J., Beaumont, J., & Cooper, A. (2012). *Alternatives to prison: A report for the New Zealand Council for Civil Liberties*. https://nzccl.org.nz/sites/default/files/Alternatives%20to%20Prison%20report%202012.pdf, p. 22.

[116] Hāpaitia te Oranga Tangata, Safe and Effective Justice. (2019). *Public perceptions and appetite for transforming the criminal justice system*. https://safeandeffectivejustice.govt.nz/assets/Research-Evidence-Files/bcc5d4f5d9/2019-survey-attitudes-justice-system.pdf
[117] Kuper, S. (2014.). Live Chat: How can we fix our prison system? *NZ Herald*. https://www.nzherald.co.nz/nz/live-chat-how-can-we-fix-our-prison-system/HBNQUXKMQNM5J5SBSMKBLZVZMM/
[118] Walters, L. (2020, August 17). It's time to stop building prisons. *Newsroom*. https://www.newsroom.co.nz/page/its-time-to-stop-building-prisons
[119] Ministry of Health NZ. (n.d.). *Help with alcohol and drug problems*. https://www.health.govt.nz/your-health/services-and-support/health-care-services/help-alcohol-and-drug-problems
[120] Ministry of Health NZ. (n.d.). *More about Healthline*. https://www.health.govt.nz/your-health/services-and-support/health-care-services/healthline/more-about-healthline
[121] Massey University. (n.d.). *Bachelor of Health Science Mental Health and Addiction—Massey University*. https://www.massey.ac.nz/massey/learning/programme-course/programme.cfm?major_code=PMNHA&prog_id=93194
[122] Open Polytechnic. (n.d.). *Mental Health and Addiction Studies: Treatment Issues*. https://www.openpolytechnic.ac.nz/qualifications-and-courses/73328-mental-health-and-addiction-studies-treatment-issues/
[123] The University of Auckland. (n.d.). *Postgraduate study in Addiction Studies*. https://www.auckland.ac.nz/en/study/study-options/find-a-study-option/addiction-studies/postgraduate.html
[124] University of Otago. (n.d.). *Study Addiction and Co-existing Disorders*. https://www.otago.ac.nz/courses/subjects/adco.html
[125] Department of Corrections (2011). Community sentence patterns in New Zealand: An international comparative analysis. Wellington: Department of Corrections. https://www.corrections.govt.nz/resources/research/community_sentence_patterns_in_new_zealand
[126] Department of Corrections (2011). Community sentence patterns in New Zealand: An international comparative analysis. Wellington: Department of Corrections. https://www.corrections.govt.nz/resources/research/community_sentence_patterns_in_new_zealand
[127] New Zealand Government. (2016). *Drug Courts: Evidence Brief*. https://www.justice.govt.nz/assets/Documents/Publications/Drug-Courts-Evidence-Brief.pdf
[128] Bull, J., Beaumont, J., & Cooper, A. (2012). *Alternatives to prison: A report for the New Zealand Council for Civil Liberties*. https://nzccl.org.nz/sites/default/files/Alternatives%20to%20Prison%20report%202012.pdf, p. 22.
[129] Inter-Agency Committee on Drugs & Ministry of Health. (2016). *National drug policy 2015 to 2020. Minimise alcohol and other drug-related harm and promote and protect health and wellbeing*. Ministry of Health. http://natlib-primo.hosted.exlibrisgroup.com/NLNZ:NLNZ:NLNZ_ALMA21271577170002836
[130] Ministry of Justice & Department of Corrections. (2002). *Sentencing Act 2002 No 9*. https://www.legislation.govt.nz/act/public/2002/0009/143.0/DLM135544.html
[131] New Zealand Government. (2021, March 2). *Electronic Monitoring on Bail (EM bail)*. https://www.corrections.govt.nz/working_with_offenders/courts_and_pre-sentencing/em_bail
[132] Cook, M. (2013). *Māori use of drugs*. Te Ara: the Encyclopedia of New Zealand. https://teara.govt.nz/en/maori-smoking-alcohol-and-drugs-tupeka-waipiro-me-te-tarukino/page-3
[133] Webb-Liddall, A. (2019). *Balancing justice's racist scales*. NZ Drug Foundation. https://www.drugfoundation.org.nz/matters-of-substance/november-2019/balancing-justices-racist-scales/
[134] Jones, B. L. (2016). *Offending outcomes for Māori And Non-Māori, An investigation of ethnic bias in the criminal justice system: Evidence from A New Zealand birth cohort*. Master's Thesis, University of Canterbury. https://ir.canterbury.ac.nz/handle/10092/12607
[135] Walters, L. (2020, August 17). It's time to stop building prisons. *Newsroom*. https://www.newsroom.co.nz/page/its-time-to-stop-building-prisons
[136] Gunasekara, S. (2010). Drug Law Reform: Lessons from the New Zealand Experience. *SSRN Electronic Journal*. https://doi.org/10.2139/ssrn.1909943
[137] NZ Drug Foundation. (n.d.). *Drug Law Reform*. https://www.drugfoundation.org.nz/policy-and-advocacy/drug-law-reform/
[138] Hāpaitia te Oranga Tangata, Safe and Effective Justice. (2019). *Public perceptions and appetite for transforming the criminal justice system*. https://safeandeffectivejustice.govt.nz/assets/Research-Evidence-Files/bcc5d4f5d9/2019-survey-attitudes-justice-system.pdf
[139] NZ Drug Foundation. (n.d.). *Drug Law Reform*. https://www.drugfoundation.org.nz/policy-and-advocacy/drug-law-reform/

[140] Republic of Palau. (n.d.). *Palau National Code Annotated*. OECD. https://www.oecd.org/site/adboecdanti-corruptioninitiative/46816862.pdf
[141] United States Department of State. (2014). *Palau 2013 Human Rights Report*. Department of Justice. https://www.justice.gov/sites/default/files/eoir/legacy/2014/04/09/Palau.pdf
[142] WHO. (2010). *Atlas of Substance Use Disorders: Resources for the Prevention and Treatment of Substance Use Disorders (SUD). Country Profile: Palau*. https://www.who.int/substance_abuse/publications/atlas_report/profiles/palau.pdf?ua=1
[143] WHO. (2010). *Atlas of Substance Use Disorders: Palau*. https://www.who.int/substance_abuse/publications/atlas_report/profiles/palau.pdf?ua=1
[144] WHO. (2010). *Atlas of Substance Use Disorders: Resources for the Prevention and Treatment of Substance Use Disorders (SUD). Country Profile: Palau.* https://www.who.int/substance_abuse/publications/atlas_report/profiles/palau.pdf?ua=1
[145] WHO. (2010). *Atlas of Substance Use Disorders: Resources for the Prevention and Treatment of Substance Use Disorders (SUD). Country Profile: Palau.* https://www.who.int/substance_abuse/publications/atlas_report/profiles/palau.pdf?ua=1
[146] WHO. (2010). *Atlas of Substance Use Disorders: Resources for the Prevention and Treatment of Substance Use Disorders (SUD). Country Profile: Palau*. https://www.who.int/substance_abuse/publications/atlas_report/profiles/palau.pdf?ua=1
[147] WHO. (2010). *Atlas of Substance Use Disorders: Resources for the Prevention and Treatment of Substance Use Disorders (SUD). Country Profile: Palau*. https://www.who.int/substance_abuse/publications/atlas_report/profiles/palau.pdf?ua=1
[148] Pacific Islands Legal Information Institute. (1974). *Criminal Code Act 1974*. http://www.paclii.org/pg/legis/consol_act/cca1974115/
[149] Pacific Islands Legal Information Institute. (2014). *Juvenile Justice Act 2014*. http://www.paclii.org/pg/legis/num_act/jja2014191/
[150] UNODC. (2018). *Organized Crime Module 10 Key Issues: Alternatives to Imprisonment*. https://www.unodc.org/e4j/en/organized-crime/module-10/key-issues/alternatives-to-imprisonment.html
[151] Halvaksz, J., & Lipset, D. (2006). Another kind of gold: An introduction to marijuana in Papua New Guinea. *Oceania*, *76*(3), 209–220.
[152] Ministry of Health. (1998). *The National Drug Policy for Papua New Guinea*. https://www.health.gov.pg/pdf/NATDRUGPOLICY.pdf
[153] PNG Health News. (2014, January 17). PNG Government lack national drug control strategy. http://health.onepng.com/1/post/2014/01/png-government-lack-national-drug-control-strategy.html
[154] U.S. Department of State, Bureau of International Narcotics and Law Enforcement Affairs. (1998). International Narcotics Control Strategy Report, 1997. *Trends in Organized Crime*, *4*(2), 68–77. https://doi.org/10.1007/BF02900343
[155] *Rehab in Papua New Guinea*. (n.d.). World's Best Rehab. https://worldsbest.rehab/papua-new-guinea/
[156] McDonald, D. (2009). A rapid situation assessment of drug use in Papua New Guinea. *Drug and Alcohol Review*, *24*(1), 79–82. https://doi.org/10.1080/09595230500036830
[157] McDonald, D. (2009). A rapid situation assessment of drug use in Papua New Guinea. *Drug and Alcohol Review*, *24*(1), 79–82. https://doi.org/10.1080/09595230500036830
[158] Halvaksz, J., & Lipset, D. (2006). Another kind of gold: An introduction to marijuana in Papua New Guinea. *Oceania*, *76*(3), 209–220.
[159] Government of Samoa. (2017, December). *Review of the Narcotics Act 1967 (Drugs Reform)*. Samoa Law Reform Commission. https://www.samoalawreform.gov.ws/wp-content/uploads/2018/12/Drugs-Final-Report-English.pdf
[160] Government of Samoa. (2017, December). *Review of the Narcotics Act 1967 (Drugs Reform)*. Samoa Law Reform Commission. https://www.samoalawreform.gov.ws/wp-content/uploads/2018/12/Drugs-Final-Report-English.pdf
[161] Government of Samoa. (2017, December). *Review of the Narcotics Act 1967 (Drugs Reform)*. Samoa Law Reform Commission. https://www.samoalawreform.gov.ws/wp-content/uploads/2018/12/Drugs-Final-Report-English.pdf
[162] Government of Samoa. (2017, December). *Review of the Narcotics Act 1967 (Drugs Reform)*. Samoa Law Reform Commission. https://www.samoalawreform.gov.ws/wp-content/uploads/2018/12/Drugs-Final-Report-English.pdf
[163] Agaiava, T. (2016, February 21). Drugs and Alcohol Court: Positive Move for Samoa. *Samoa Observer.* https://www.samoaobserver.ws/category/columns/33434

[164] Agaiava, T. (2016, February 21). Drugs and Alcohol Court: Positive Move for Samoa. *Samoa Observer.* https://www.samoaobserver.ws/category/columns/33434
[165] Samoa Ministry of Health. (2006, August). *Samoa Mental Health Policy*. WHO. https://www.who.int/mental_health/policy/country/SamoaMHPolicy%20Final%20-%20Aug2006.pdf?ua=1
[166] Samoa Ministry of Health. (2006, August). *Samoa Mental Health Policy*. WHO. https://www.who.int/mental_health/policy/country/SamoaMHPolicy%20Final%20-%20Aug2006.pdf?ua=1
[167] Samoa Ministry of Health. (2006, August). *Samoa Mental Health Policy*. WHO. https://www.who.int/mental_health/policy/country/SamoaMHPolicy%20Final%20-%20Aug2006.pdf?ua=1
[168] Samoa Ministry of Health. (2006, August). *Samoa Mental Health Policy*. WHO. https://www.who.int/mental_health/policy/country/SamoaMHPolicy%20Final%20-%20Aug2006.pdf?ua=1
[169] Government of Samoa. (2017, December). *Review of the Narcotics Act 1967 (Drugs Reform)*. Samoa Law Reform Commission. https://www.samoalawreform.gov.ws/wp-content/uploads/2018/12/Drugs-Final-Report-English.pdf
[170] PACLII. (n.d.). *Samoa Alcohol and Drug Court Handbook*. http://www.paclii.org/ws/other/ADCHandbookENGLISH.pdf
[171] Government of Samoa. (2017, December). *Review of the Narcotics Act 1967 (Drugs Reform)*. Samoa Law Reform Commission. https://www.samoalawreform.gov.ws/wp-content/uploads/2018/12/Drugs-Final-Report-English.pdf
[172] Government of Samoa. (2017, December). *Review of the Narcotics Act 1967 (Drugs Reform)*. Samoa Law Reform Commission. https://www.samoalawreform.gov.ws/wp-content/uploads/2018/12/Drugs-Final-Report-English.pdf
[173] *Laws of Solomon Islands: Chapter 26: Penal Code*. (n.d.). ICRC. https://ihl-databases.icrc.org/ihl-nat/a24d1cf3344e99934125673e00508142/3144948207a863a0c1257704004c46aa/$FILE/Solomon%20Islands%20-%20Penal%20Code%201963.pdf
[174] Sasako, A. (2020, November 20). Former judge heads parole board. *Solomon Star News*. https://www.solomonstarnews.com/index.php/news/national/item/24458-former-judge-heads-parole-board
[175] Pacific Islands Legal Information Institute. (n.d.). *Criminal Law in Solomon Islands—Chapter 59: Sentencing*. http://www.paclii.org/sb/criminal-law/ch59-sentencing.htm
[176] World Health Organization. (2011). *Mental Health Atlas: Solomon Islands*. https://www.who.int/mental_health/evidence/atlas/profiles/sib_mh_profile.pdf?ua=1
[177] World Health Organization. (2017). *Solomon Islands: Country Cooperation Strategy 2018–2022*. https://apps.who.int/iris/rest/bitstreams/1096378/retrieve
[178] U.S. Department of State, Bureau of International Narcotics and Law Enforcement Affairs. (2021). *International Narcotics Control Strategy Report: Volume I: Drug and Chemical Control*. https://www.state.gov/wp-content/uploads/2021/02/International-Narcotics-Control-Strategy-Report-Volume-I-FINAL-1.pdf, p. 249.
[179] UNODC. (2017). *Data collection and evidence base on synthetic drugs strengthened in the Pacific*. https://www.unodc.org/southeastasiaandpacific/en/2017/08/drugs-smart-workshop-pacific/story.html
[180] Blignault, I., Bunde-Birouste, A., Ritchie, J., Silove, D., & Zwi, A. B. (2009). Community perceptions of mental health needs: A qualitative study in the Solomon Islands. *International Journal of Mental Health Systems*, *3*(1). https://doi.org/10.1186/1752-4458-3-6
[181] Devaney, M. L., Reid, G., Baldwin, S., Crofts, N., & Power, R. (2009). Illicit drug use and responses in six Pacific Island countries. *Drug and Alcohol Review*, *25*(4), 387–390. https://doi.org/10.1080/09595230600741396
[182] Quinn, B. (2017). *Alcohol Other Substance Use and Related Harms Among Young People in the Solomon Islands*. Save the Children Australia. https://www.savethechildren.org.au/getmedia/420da8b2-c77b-4668-a1e4-0be8441dcc32/SLB_Substance-Use_2016.pdf.aspx
[183] Blignault, I., Bunde-Birouste, A., Ritchie, J., Silove, D., & Zwi, A. B. (2009). Community perceptions of mental health needs: A qualitative study in the Solomon Islands. *International Journal of Mental Health Systems*, *3*(1). https://doi.org/10.1186/1752-4458-3-6
[184] Blignault, I., Bunde-Birouste, A., Ritchie, J., Silove, D., & Zwi, A. B. (2009). Community perceptions of mental health needs: A qualitative study in the Solomon Islands. *International Journal of Mental Health Systems*, *3*(1). https://doi.org/10.1186/1752-4458-3-6

[185] UNODC. (2017). *Data collection and evidence base on synthetic drugs strengthened in the Pacific*. https://www.unodc.org/southeastasiaandpacific/en/2017/08/drugs-smart-workshop-pacific/story.html
[186] Kingdom of Tonga. (2020). *Criminal Offences Act*. Attorney General's Office, Tonga. https://ago.gov.to/cms/images/LEGISLATION/PRINCIPAL/1924/1924-0010/CriminalOffencesAct_3.pdf
[187] Kingdom of Tonga. (2020). *Prisons Act*. Attorney General's Office, Tonga. https://ago.gov.to/cms/images/LEGISLATION/PRINCIPAL/2010/2010-0043/PrisonsAct_3.pdf
[188] Kingdom of Tonga. (2016). *Illicit Drug Control Act*. Tonga Trade Portal. https://tonga.tradeportal.org/media//IllicitDrugsControlAct_2.pdf
[189] Kingdom of Tonga. (2020). *Pharmacy Act*. Attorney General's Office, Tonga. https://ago.gov.to/cms/images/LEGISLATION/PRINCIPAL/2001/2001-0006/PharmacyAct_3.pdf
[190] Kingdom of Tonga. (2020). *Public Health Act*. Attorney General's Office, Tonga. https://ago.gov.to/cms/images/LEGISLATION/PRINCIPAL/2008/2008-0019/PublicHealthAct_3.pdf
[191] Kingdom of Tonga. (2020). *Rehabilitation of Offenders Act*. Attorney General's Office, Tonga. https://ago.gov.to/cms/images/LEGISLATION/PRINCIPAL/2013/2013-0027/RehabilitationofOffendersAct_3.pdf
[192] Ministry of Health. (2020). *Legislation & Policies*. http://www.health.gov.to/legislation-policies
[193] Ministry of Health. (2016). *Ministry of Health Annual Report 2016*. http://www.health.gov.to/drupal/sites/default/files/AR%202016.pdf
[194] Ministry of Health. (2016). *Ministry of Health Annual Report 2016*. http://www.health.gov.to/drupal/sites/default/files/AR%202016.pdf
[195] Tuvalu Legislation. (2008). *Tuvalu Penal Code*. https://tuvalu-legislation.tv/cms/images/LEGISLATION/PRINCIPAL/1965/1965-0007/PenalCode_1.pdf
[196] UNAFEI. (2011). *Report of the Workshop: Strategies and Best Practices Against Overcrowding in Correctional Facilities.* https://www.unafei.or.jp/publications/pdf/12th_Congress/00All.pdf
[197] U.S Department of State. (2013). *Tuvalu 2013 Human Rights Report*. https://2009-2017.state.gov/documents/organization/220451.pdf
[198] U.S Department of State. (2015). *Tuvalu 2015 Human Rights Report*. https://2009-2017.state.gov/documents/organization/253021.pdf
[199] Tuvalu Ministry of Health. (2015). *Health Reform Strategy 2016-2019*. http://extwprlegs1.fao.org/docs/pdf/tuv192703.pdf
[200] Ministry of Health of Tuvalu, & UNAIDS Office. (2017). *Global AIDS Monitoring Report for Tuvalu.* https://www.unaids.org/sites/default/files/country/documents/TUV_2017_countryreport.pdf
[201] Commonwealth of Nations. (2020). *Find health and medical expertise in Tuvalu*. https://www.commonwealthofnations.org/sectors-tuvalu/business/health_and_medical/
[202] U.S. Department of State Overseas Security Advisory Council. (2019). *Tuvalu 2019 Crime & Safety Report*. https://www.osac.gov/Content/Report/11b5cbbc-4a38-4e62-9a53-15f4aec3f5ae
[203] U.S. Department of State Overseas Security Advisory Council. (2019). *Tuvalu 2019 Crime & Safety Report*. https://www.osac.gov/Content/Report/11b5cbbc-4a38-4e62-9a53-15f4aec3f5ae
[204] Commonwealth of Nations. (2020). *Find Health and Medical expertise in Tuvalu*. https://www.commonwealthofnations.org/sectors/
[205] World Prison Brief. (2014). *Tuvalu*. https://www.prisonstudies.org/country/tuvalu
[1] US Congress. (2008, April 09). *H.R.1593 - 110th Congress (2007-2008): Second Chance Act Of 2007*. https://www.congress.gov/bill/110th-congress/house-bill/1593
[207] New York State Senate. (2021). *Alternatives to Incarceration Service Plans*. https://www.nysenate.gov/legislation/laws/EXC/261
[208] Kansas Sentencing Commission. (2021). *2003 Senate Bill 123*. https://sentencing.ks.gov/sb-123
[209] Office of National Drug Control Policy (ONDCP). (2020, June). *National Drug Control Strategy: FY 2021 Budget and Performance Summary*. https://www.hsdl.org/?view&did=840114
[210] Office of National Drug Control Policy (ONDCP). (2021, February 03). Office of National Drug Control Policy. https://www.whitehouse.gov/ondcp/
[211] Sloas, L. B., & Atkin-Plunk, C. A. (2019). Perceptions of balanced justice and rehabilitation for drug offenders. *Criminal Justice Policy Review*, *30*(7), 990–1009. https://doi.org/10.1177/0887403418762532

[212] Thielo, A. J., Cullen, F. T., Cohen, D. M., & Chouhy, C. (2016). Rehabilitation in a red state: Public support for correctional reform in Texas. *Criminology & Public Policy*, *15*, 137-170.
[213] Sundt, J., Cullen, F. T., Thielo, A. J., & Jonson, C. L. (2015). Public willingness to downsize prisons: Implications from Oregon. *Victims & Offenders, 10,* 365-378.
[214] Franklin, D. (2015). *ACLU Nationwide Poll on Criminal Justice Reform*. https://www.aclu.org/other/aclu-nationwide-poll-criminal-justice-reform
[215] Brenan, M. (2020, November 16). *Fewer Americans Call for Tougher Criminal Justice System*. Gallup. https://news.gallup.com/poll/324164/fewer-americans-call-tougher-criminal-justice-system.aspx
[216] SAMHSA. (2021). *National Helpline*. https://www.samhsa.gov/find-help/national-helpline
[217] National Institute on Drug Abuse. (2020, July 22). *Drug Addiction Treatment in the United States*. https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/drug-addiction-treatment-in-united-states#:~:text=In%20the%20United%20States%2C%20more,persons%20with%20substance%20use%20disorders
[218] Office of Justice Programs. (2020, November). *Drug Courts*. https://www.ojp.gov/pdffiles1/nij/238527.pdf
[219] NYS Government. (2021). *Community Service Standards*. https://www.criminaljustice.ny.gov/opca/communityservicestandards.htm
[220] OJP. (2021). *Community Corrections: Overview*. https://www.ojp.gov/feature/community-corrections/overview
[221] Gonzalez, J. R., Johansson-Love, J., Edmonds, L., & Jetelina, K. (2020, August 14). Electronic monitoring devices during substance use treatment are associated with increased arrests among women in specialty courts. *American Journal of Drug and Alcohol Abuse, 46*(5), 632-641. https://doi.org/10.1080/00952990.2020.1771722
[222] U.S. Probation and Pretrial Services. (2007). *Substance Abuse Treatment*. http://www.nyspt.uscourts.gov/forms/Substance_Abuse_Treatment.pdf
[223] Pretrial Justice Center for Courts (PJCC). (2020, March 25). *Pretrial Services & Supervision*. https://www.ncsc.org/pjcc/topics/pretrial-services
[224] National League of Cities. (2017). *City Strategies to Support Alternatives to Arrest for People with Substance Abuse Treatment Needs*. https://citiesspeak.files.wordpress.com/2017/05/yef_substance-use-brief.pdf
[225] Doyle, C. (2017, July 31). *Bail: An Overview of Federal Criminal Law*. Federation of American Scientists. https://fas.org/sgp/crs/misc/R40221.pdf
[226] US Courts. (2021). *Chapter 3: Substance Abuse Treatment, testing, and Abstinence (Probation and Supervised Release Conditions*). https://www.uscourts.gov/services-forms/substance-abuse-treatment-testing-abstinence-probation-supervised-release-conditions
[227] SAMHSA. (2014). *Substance Abuse Treatment For Adults in the Criminal Justice System*. https://store.samhsa.gov/sites/default/files/d7/priv/sma13-4056.pdf
[228] Wagner, P., & Sawyer, W. (2020, March 24). *Mass Incarceration: The Whole Pie 2020*. Prison Policy Initiative. https://www.prisonpolicy.org/reports/pie2020.html
[229] Wagner, P., & Sawyer, W. (2020, March 24). *Mass Incarceration: The Whole Pie 2020*. Prison Policy Initiative. https://www.prisonpolicy.org/reports/pie2020.html
[230] Saloner, B., & Lê Cook, B. (2013). Blacks And Hispanics are less likely than whites to complete addiction treatment, largely due to socioeconomic factors. *Health Affairs (Project Hope)*, *32*(1), 135–145. https://doi.org/10.1377/hlthaff.2011.0983
[231] Republic of Vanuatu. (2006). *Laws of The Republic of Vanuatu: Dangerous Drugs Act*. Customs Island Revenue. https://customsinlandrevenue.gov.vu/images/legislations/Customs/Others/Dangerous_DrugsCAP_12.pdf
[232] Robert, N., Aron, S., Vire, P., Kanas, B., & Clarke, B. (2013). *Dangerous Drugs Report: Legislative Review* (No. 02/13). Law Commission. https://lawcommission.gov.vu/images//final-reports//Dangerous_Drugs_Final_Report.pdf, p.69.
[233] World Health Organization. (2012). *Mental Health Policy and Service Development: Vanuatu*. https://apps.who.int/iris/bitstream/handle/10665/85314/9789241504201_eng.pdf;jsessionid=33D648CF522B61981D868A01801E0A0D?sequence=1
[234] World Health Organization. (2012). *Mental Health Policy and Service Development: Vanuatu*. https://apps.who.int/iris/bitstream/handle/10665/85314/9789241504201_eng.pdf;jsessionid=33D648CF522B61981D868A01801E0A0D?sequence=1
[235] World Health Organization. (2012). *Mental Health Policy and Service Development: Vanuatu*. https://apps.who.int/iris/bitstream/handle/10665/85314/9789241504201_eng.pdf;jsessionid=33D648CF522B61981D868A01801E0A0D?sequence=1

[236] World Health Organization. (2012). *Mental Health Policy and Service Development: Vanuatu*. https://apps.who.int/iris/bitstream/handle/10665/85314/9789241504201_eng.pdf;jsessionid=33D648CF522B61981D868A01801E0A0D?sequence=1
[237] World Health Organization. (2012). *Mental Health Policy and Service Development: Vanuatu*. https://apps.who.int/iris/bitstream/handle/10665/85314/9789241504201_eng.pdf;jsessionid=33D648CF522B61981D868A01801E0A0D?sequence=1
[238] Robert, N., Aron, S., Vire, P., Kanas, B., & Clarke, B. (2013). *Dangerous Drugs Report: Legislative Review* (No. 02/13). Law Commission. https://lawcommission.gov.vu/images//final-reports//Dangerous_Drugs_Final_Report.pdf, p.69.
[239] Inter-American Drug Abuse Control Commission, & Secretariat for Multidimensional Security. (2019). *Multilateral Evaluation Mechanism: Antigua and Barbuda: Evaluation report on drug policies*. http://www.cicad.oas.org/mem/reports/7/Full_Eval/Antigua_and_Barbuda-7thRd-ENG.pdf
[240] Office of National Drug and Money Laundering Control Policy Antigua and Barbuda. (2020). National Anti-Drug Plan. http://ondcp.gov.ag/policy-on-drugs/national-anti-drug-plan
[241] United Nations Office on Drugs and Crime. (2002). *Antigua & Barbuda Drug Information System: Annual National Report 2002.* https://www.unodc.org/pdf/barbados/antigua_barbuda_report_2002.pdf
[242] Government of Antigua and Barbuda. (2017*). Sentencing Reform Act 2017*. Legal Affairs. https://legalaffairs.gov.ag/pdf/bills/SENTENCING_REFORM_ACT_2017.pdf
[243] Lomba, A. (2021). *Institutional Capacity in the Implementation of Alternatives to Incarceration under Judicial Supervision for Drug Related Offenders: A Perspective from the Americas* [PowerPoint slides]. Executive Secretariat of the Inter-American Drug Abuse Control Commission (CICAD), Organization of American States (OAS).
[244] Rodriguez-Ferrand, G. (2020). *Decriminalization of narcotics: Argentina.* Library of Congress. https://www.loc.gov/law/help/decriminalization-of-narcotics/argentina.php#_ftn2
[245] Información Legislativa. (1989). *Código penal.* http://servicios.infoleg.gob.ar/infolegInternet/anexos/0-4999/138/texact.htm
[246] Rodriguez-Ferrand, G. (2020). *Decriminalization of narcotics: Argentina.* Library of Congress. https://www.loc.gov/law/help/decriminalization-of-narcotics/argentina.php#_ftn2
[247] Schleifer, R., Ramírez Hernández, T. T., Ward, E. & Watson Williams, C. (2018). *Drugs, security and democracy program: Drug courts in the Americas.* Social Science Research Council. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf
[248] Gagne, D. (2017, May 29). Argentina to expand drug treatment program for minor crimes nationwide. *InSight Crime.* https://insightcrime.org/news/brief/argentina-expands-drug-treatment-program-minor-crimes-nationwide/
[249] CICAD. (2008). *Summary of Proceedings from the Latin American Epidemiology Network La Red Latinoamericana de Investigadores en Drogas (REDLA) June 2008.* http://www.cicad.oas.org/oid/research/REDLA%20Report%202008%20eng.pdf
[250] Schleifer, R., Ramírez Hernández, T. T., Ward, E. & Watson Williams, C. (2018). *Drugs, security and democracy program: Drug courts in the Americas.* Social Science Research Council. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf
[251] Schleifer, R., Ramírez Hernández, T. T., Ward, E. & Watson Williams, C. (2018). *Drugs, security and democracy program: Drug courts in the Americas.* Social Science Research Council. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf
[252] Schleifer, R., Ramírez Hernández, T. T., Ward, E. & Watson Williams, C. (2018). *Drugs, security and democracy program: Drug courts in the Americas.* Social Science Research Council. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf
[253] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Argentina, evaluation report on drug policies.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Argentina-7thRd-ENG.pdf
[254] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Argentina, evaluation report on drug policies.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Argentina-7thRd-ENG.pdf
[255] Schleifer, R., Ramírez Hernández, T. T., Ward, E. & Watson Williams, C. (2018). *Drugs, security and democracy program: Drug courts in the Americas.* Social Science Research Council. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf

[256] Schleifer, R., Ramírez Hernández, T. T., Ward, E. & Watson Williams, C. (2018). *Drugs, security and democracy program: Drug courts in the Americas*. Social Science Research Council. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf
[257] Schleifer, R., Ramírez Hernández, T. T., Ward, E. & Watson Williams, C. (2018). *Drugs, security and democracy program: Drug courts in the Americas*. Social Science Research Council. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf
[258] Schleifer, R., Ramírez Hernández, T. T., Ward, E. & Watson Williams, C. (2018). *Drugs, security and democracy program: Drug courts in the Americas*. Social Science Research Council. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf
[259] Cornell Law School's Avon Global Center for Women and Justice and International Human Rights; Clinic Defensoría General de la Nación Argentina; The University of Chicago Law School International Human Rights Clinic. (2013). *Women in prison in Argentina: Causes, conditions, and consequences*. https://www.law.uchicago.edu/files/files/Argentina_report_final_web.pdf
[260] Harm Reduction International. (2020). *COVID-19, prisons and drug policy.* https://www.hri.global/covid-19-prison-diversion-measures
[261] Rodriguez-Ferrand, G. (2020). *Decriminalization of narcotics: Argentina.* Library of Congress. https://www.loc.gov/law/help/decriminalization-of-narcotics/argentina.php#_ftn2
[262] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Multilateral evaluation mechanism; The Bahamas (Commonwealth of): Evaluation report on drug policies.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/The_Bahamas-7thRd-ENG.pdf
[263] The Commonwealth of the Bahamas. (2017). *National Anti-Drug Strategy 2017 -2021.* http://sisco.copolad.eu/web/uploads/documentos/National_anti-Drug_Strategy_2017-2021_bso3nx4uzmuj.pdf
[264] The Commonwealth of the Bahamas. (2017). *National Anti-Drug Strategy 2017 -2021.* http://sisco.copolad.eu/web/uploads/documentos/National_anti-Drug_Strategy_2017-2021_bso3nx4uzmuj.pdf
[265] Schleifer, R., Ramírez Hernández, T. T., Ward, E. & Watson Williams, C. (2018). *Drugs, Security and Democracy Program: Drug Courts in the Americas*. Social Science Research Council. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf
[266] The Bahamas National Commission on Marijuana. (2020). *Preliminary report.* https://opm.gov.bs/wp-content/uploads/2020/02/FINAL-REPORT-24-JANUARY-2020-1.pdf
[267] The Bahamas National Commission on Marijuana. (2020). *Preliminary report.* https://opm.gov.bs/wp-content/uploads/2020/02/FINAL-REPORT-24-JANUARY-2020-1.pdf
[268] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Multilateral evaluation mechanism; The Bahamas (Commonwealth of): Evaluation report on drug policies.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/The_Bahamas-7thRd-ENG.pdf
[269] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Multilateral evaluation mechanism; The Bahamas (Commonwealth of): Evaluation report on drug policies.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/The_Bahamas-7thRd-ENG.pdf
[270] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Multilateral evaluation mechanism; The Bahamas (Commonwealth of): Evaluation report on drug policies.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/The_Bahamas-7thRd-ENG.pdf
[271] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Multilateral evaluation mechanism; The Bahamas (Commonwealth of): Evaluation report on drug policies.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/The_Bahamas-7thRd-ENG.pdf
[272] The Commonwealth of the Bahamas. (2017). *National Anti-Drug Strategy 2017 -2021.* http://sisco.copolad.eu/web/uploads/documentos/National_anti-Drug_Strategy_2017-2021_bso3nx4uzmuj.pdf
[273] The Commonwealth of the Bahamas. (2017). *National Anti-Drug Strategy 2017 -2021.* http://sisco.copolad.eu/web/uploads/documentos/National_anti-Drug_Strategy_2017-2021_bso3nx4uzmuj.pdf

[274] Pantzer, R. (2016, April 15). *How the Bahamas is addressing the country's incarceration rate.* Inter-American Development Bank. https://blogs.iadb.org/caribbean-dev-trends/en/us-supreme-court-one-less-known-example-in-how-a-supreme-court-decision-shapes-up-judiciary-reality-in-the-caribbean/
[275] Pantzer, R. (2016, April 15). *How the Bahamas is addressing the country's incarceration rate.* Inter-American Development Bank. https://blogs.iadb.org/caribbean-dev-trends/en/us-supreme-court-one-less-known-example-in-how-a-supreme-court-decision-shapes-up-judiciary-reality-in-the-caribbean/
[276] The Government of Barbados. (1991). *Drug abuse (prevention and control).* CICAD. http://www.cicad.oas.org/fortalecimiento_institucional/legislations/PDF/BB/drug_abuse_act.pdf
[277] The Government of Barbados. (2000). *Penal system reform.* https://biblioteca.cejamericas.org/bitstream/handle/2015/5312/bar_pen_reform.pdf?sequence=1&isAllowed=y
[278] The Government of Barbados. (2000). *Penal system reform.* https://biblioteca.cejamericas.org/bitstream/handle/2015/5312/bar_pen_reform.pdf?sequence=1&isAllowed=y
[279] The Government of Barbados. (2016). *The Barbados National Anti-Drug Plan 2015-2020, National Council on substance abuse.* CICAD. http://www.cicad.oas.org/Fortalecimiento_Institucional/planesNacionales/Barbados_National_Anti_Drug_Plan_2015_2020.pdf
[280] Barbados Today. (2020, January 31). Alternatives to jail worthy of exploration. https://barbadostoday.bb/2020/01/31/bteditorial-alternatives-to-jail-worthy-of-exploration/
[281] United Nations Development Programme. (2020). *Caribbean justice: A needs assessment of the judicial system in nine countries.* https://www.bb.undp.org/content/barbados/en/home/library/undp_publications/caribbean-justice--a-needs-assessment-of-the-judicial-system-in-.html
[282] Schleifer, R., Ramírez Hernández, T. T., Ward, E. & Watson Williams, C. (2018). *Drugs, Security and Democracy Program: Drug Courts in the Americas.* Social Science Research Council. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf
[283] Schleifer, R., Ramírez Hernández, T. T., Ward, E. & Watson Williams, C. (2018). *Drugs, Security and Democracy Program: Drug Courts in the Americas.* Social Science Research Council. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf
[284] Schleifer, R., Ramírez Hernández, T. T., Ward, E. & Watson Williams, C. (2018). *Drugs, Security and Democracy Program: Drug Courts in the Americas.* Social Science Research Council. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf
[285] Schleifer, R., Ramírez Hernández, T. T., Ward, E. & Watson Williams, C. (2018). *Drugs, Security and Democracy Program: Drug Courts in the Americas.* Social Science Research Council. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf
[286] Marston C. D. (2015). *"The Drug Treatment Court in Barbados—An Overview," remarks presented at the High Level Dialogue on Alternatives to Incarceration for Drug-Related Offenses."* http://www.cicad.oas.org/fortalecimiento_institucional/dtca/ai_dialog/documents/Day2/03_Gibson_Overview-DrugTreatmentCourt_Barbados.ppt
[287] Schleifer, R., Ramírez Hernández, T. T., Ward, E. & Watson Williams, C. (2018). *Drugs, Security and Democracy Program: Drug Courts in the Americas.* Social Science Research Council. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf
[288] The Government of Barbados. (2016). *The Barbados National Anti-Drug Plan 2015-2020, National Council on substance abuse.* CICAD. http://www.cicad.oas.org/Fortalecimiento_Institucional/planesNacionales/Barbados_National_Anti_Drug_Plan_2015_2020.pdf
[289] Ramsay, K. (2018). *Alternative to incarceration- the case of Barbados.* https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwie8a2CmP_wAhUMac0KHZyAAJ8QFjAAegQIBhAD&url=http%3A%2F%2Fwww.cicad.oas.org%2Fcicaddocs%2FDocument.aspx%3FId%3D4680&usg=AOvVaw1ZVdwsXz91WyaxbPTYKn3C
[290] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Barbados, evaluation report on drug policies.* http://fileserver.idpc.net/library/Barbados-7thRd-ENG.pdf
[291] Inter-American Drug Abuse Control Commission (CICAD), Secretariat for Multidimensional Security (SMS). (2019). *Multilateral Evaluation Mechanism (MEM): Belize: Evaluation Report on Drug Policies*. http://www.cicad.oas.org/mem/reports/7/Full_Eval/Belize-7thRd-ENG.pdf

[292] Inter-American Drug Abuse Control Commission (CICAD), Secretariat for Multidimensional Security (SMS). (2019). *Multilateral Evaluation Mechanism (MEM): Belize: Evaluation Report on Drug Policies*. http://www.cicad.oas.org/mem/reports/7/Full_Eval/Belize-7thRd-ENG.pdf
[293] National Drug Abuse Control Council. (n.d). *COPOLAD.* http://copolad.eu/en/directorio-de-centros-y-servicios/ficha/1852
[294] The Transnational Institute (TNI). (2015). *Drug Reform in Belize*. https://www.tni.org/es/node/22456
[295] Drugs, Security, and Democracy Program. (2018). *Drug Courts in the Americas*. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf
[296] Inter-American Drug Abuse Control Commission (CICAD), Secretariat for Multidimensional Security (SMS). (2019). *Multilateral Evaluation Mechanism (MEM): Belize: Evaluation Report on Drug Policies*. http://www.cicad.oas.org/mem/reports/7/Full_Eval/Belize-7thRd-ENG.pdf
[297] The Transnational Institute (TNI). (2015). *Drug Reform in Belize*. https://www.tni.org/es/node/22456
[298] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Bolivia: Evaluation report on drug policies: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Bolivia-7thRd-ENG.pdf
[299] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Bolivia: Evaluation report on drug policies: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Bolivia-7thRd-ENG.pdf
[300] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Bolivia: Evaluation report on drug policies: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Bolivia-7thRd-ENG.pdf
[301] The National Anti-Drug Trafficking Council. (2016). *Estrategia de lucha contra el narcotráfico y control de cultivos excedentarios de coca 2016 – 2020.* http://www.dgsc.gob.bo/datos/ESTRATEGIA_2016-2020/Estrategia_Lucha_contra_el_Narcotrafico_2016-2020.pdf
[302] Farthing, L. (2016). *Bolivia prison report: Marginal progress and unwieldly challenges.* AIN-Bolivia. http://ain-bolivia.org/en/2016/11/bolivia-prison-report-marginal-progress-and-unwieldly-challenges/
[303] Ledeber, K., & Youngers, C. A. (2018). *Promoting gender-sensitive drug policies in Bolivia.* WOLA. https://www.wola.org/wp-content/uploads/2018/04/Bolivia-Report_FINAL_ENG.pdf
[304] Ledeber, K., & Youngers, C. A. (2018). *Promoting gender-sensitive drug policies in Bolivia.* WOLA. https://www.wola.org/wp-content/uploads/2018/04/Bolivia-Report_FINAL_ENG.pdf
[305] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Bolivia: Evaluation report on drug policies: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Bolivia-7thRd-ENG.pdf
[306] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Bolivia: Evaluation report on drug policies: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Bolivia-7thRd-ENG.pdf
[307] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Bolivia: Evaluation report on drug policies: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Bolivia-7thRd-ENG.pdf
[308] Harm Reduction International. (2020). *COVID-19, prisons and drug policy.* https://www.hri.global/covid-19-prison-diversion-measures
[309] Ledeber, K., & Youngers, C. A. (2018). *Promoting gender-sensitive drug policies in Bolivia.* WOLA. https://www.wola.org/wp-content/uploads/2018/04/Bolivia-Report_FINAL_ENG.pdf
[310] Ledeber, K., & Youngers, C. A. (2018). *Promoting gender-sensitive drug policies in Bolivia.* WOLA. https://www.wola.org/wp-content/uploads/2018/04/Bolivia-Report_FINAL_ENG.pdf
[311] Ministério da Justiça e Segurança Pública. (n.d.). *Plano Nacional de Políticas sobre Drogas (PLANAD).* https://www.justica.gov.br/sua-protecao/politicas-sobre-drogas/conad/planad
[312] International Drug Policy Consortium. (2015). *Drug policy and incarceration in São Paulo, Brazil.* https://www.tni.org/files/publication-downloads/idpc-briefing-paper_drug-policy-in-brazil-2015.pdf
[313] ISSUP. (n.d.). *Brazil*. https://www.issup.net/knowledge-share/country-profiles/brazil
[314] Mendez de Paiva, L.G. (2019). Drug policy, therapeutic jurisprudence and criminal justice in Brazil. In J. Collins, W. Agnew-Pauley & A. Soderholm (Eds.), *Rethinking drug courts: International experiences of a U.S. policy export.* London Publishing Partnership.

[315] Comisión Interamericana de Derechos Humanos (CIDH). *Medidas para reducir la prisión preventiva*. (2017). *OAS.* http://www.oas.org/es/cidh/informes/pdfs/PrisionPreventiva.pdf
[316] Congreso Nacional. (2005). *Ley Num. 20.000.* DrugLawReformInfo. http://druglawreform.info/images/stories/LeyDrogasChileNumero20000.pdf
[317] Schleifer, R., Ramírez Hernández, T. T., Ward, E. & Watson Williams, C. (2018). *Drugs, Security and Democracy Program: Drug Courts in the Americas*. Social Science Research Council. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf
[318] Instituto de Investigación en Ciencias Sociales - Universidad Diego Portales. (2010). *Opinión pública: Justicia y cárceles en Chile. Resultados encuesta UDP (2005-2010)*. https://www.icso.cl/noticias/opinion-publica-justicia-y-carceles-en-chile-resultados-encuesta-udp-2005-2010
[319] Instituto de Investigación en Ciencias Sociales - Universidad Diego Portales. (2010). *Opinión pública: Justicia y cárceles en Chile. Resultados encuesta UDP (2005-2010)*. https://www.icso.cl/noticias/opinion-publica-justicia-y-carceles-en-chile-resultados-encuesta-udp-2005-2010
[320] Cooper, C. S., Franklin, B., & Mease, T. (2010). *Establishing drug treatment courts: Strategies, experiences and preliminary outcomes: Volume one: Overview and survey results.* OAS. http://www.oas.org/documents/eng/press/Publication_drug_courts_volumen_I.pdf
[321] Schleifer, R., Ramírez Hernández, T. T., Ward, E. & Watson Williams, C. (2018). *Drugs, Security and Democracy Program: Drug Courts in the Americas.* Social Science Research Council. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf
[322] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Chile, evaluation report on drug policies.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Chile-7thRd-ENG.PDF
[323] Sánchez Mondaca, A. (2011). *Análisis del programa de Tribunales de Tratamiento de Drogas en la zona de la Fiscalía Regional Metropolitana Centro Norte: una aproximación al funcionamiento de los Tribunales de Tratamiento de Drogas en nuestro país*. http://repositorio.uchile.cl/bitstream/handle/2250/111882/de-Sanchez_Alejandro.pdf?sequence=1
[324] Cooper, C. S., Franklin, B., Mease, T. (2010). *Establishing drug treatment courts: Strategies, experiences and preliminary outcomes volume one: Overview and survey results.* OAS. http://www.oas.org/documents/eng/press/Publication_drug_courts_volumen_I.pdf
[325] Schleifer, R., Ramírez Hernández, T. T., Ward, E. & Watson Williams, C. (2018). *Drugs, Security and Democracy Program: Drug Courts in the Americas*. Social Science Research Council. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf
[326] Schleifer, R., Ramírez Hernández, T. T., Ward, E. & Watson Williams, C. (2018). *Drugs, Security and Democracy Program: Drug Courts in the Americas*. Social Science Research Council. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf
[327] Congreso Nacional. (2005). *Ley Num. 20.000.* DrugLawReformInfo. http://druglawreform.info/images/stories/LeyDrogasChileNumero20000.pdf
[328] Comisión Interamericana Para El Control De Abuso De Drogas (CICAD), Secretaría de Seguridad Multidimensional (SSM). (2019). *Mecanismo De Evaluación Multilateral (MEM); Colombia: Informe de evaluación sobre políticas de Drogas*. http://www.cicad.oas.org/mem/reports/7/Full_Eval/Colombia-7thRd-ESP.pdf
[329] Yepes, R. U., Hernández, Olivera Cruz, L. F. (2017). *Delitos de Drogas y Sobredosis Carcelaria en Colombia*. Dejusticia. https://www.dejusticia.org/wp-content/uploads/2017/07/Delitos-de-drogas-y-sobredosis-carcelaria-en-Colombia-Version-final-PDF-para-WEB.pdf
[330] Yepes, R. U., Hernández, Olivera Cruz, L. F. (2017). *Delitos de Drogas y Sobredosis Carcelaria en Colombia*. Dejusticia. https://www.dejusticia.org/wp-content/uploads/2017/07/Delitos-de-drogas-y-sobredosis-carcelaria-en-Colombia-Version-final-PDF-para-WEB.pdf
[331] *Plan Nacional Para la Promoción de Salud, la Prevención, y la Atención Del Consumo de Sustancias Psicoactivas*. (2017). https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/VS/PP/plan-nacional-consumo-alcohol-2014-2021.pdf
[332] *Plan Nacional Para la Promoción de Salud, la Prevención, y la Atención Del Consumo de Sustancias Psicoactivas*. (2017). https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/VS/PP/plan-nacional-consumo-alcohol-2014-2021.pdf
[333] *Plan Nacional Para la Promoción de Salud, la Prevención, y la Atención Del Consumo de Sustancias Psicoactivas*. (2017). https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/VS/PP/plan-nacional-consumo-alcohol-2014-2021.pdf
[334] *Tendencias en la Judicialización y Alternativas al Encarcelamiento para los Delitos de Drogas*. (2016). Ministerio de Justicia y del Derecho. http://www.odc.gov.co/Portals/1/publicaciones/pdf/alternativas-encarcelamiento/CR1522016-tendencias-judializacion-delitos-drogas.pdf
[335] *Tendencias en la Judicialización y Alternativas al Encarcelamiento para los Delitos de Drogas*. (2016). Ministerio de Justicia y del Derecho. http://www.odc.gov.co/Portals/1/publicaciones/pdf/alternativas-encarcelamiento/CR1522016-tendencias-judializacion-delitos-drogas.pdf

[336] *Tendencias en la Judicialización y Alternativas al Encarcelamiento para los Delitos de Drogas*. (2016). Ministerio de Justicia y del Derecho. http://www.odc.gov.co/Portals/1/publicaciones/pdf/alternativas-encarcelamiento/CR1522016-tendencias-judializacion-delitos-drogas.pdf
[337] *U.S. Department of State, Bureau of INL seeking Applications for "Colombian Juvenile Drug Court Expansion" Program*. (2020). https://www2.fundsforngos.org/narcotics-drugs-and-crime/u-s-department-of-state-bureau-of-inl-seeking-applications-for-colombian-juvenile-drug-court-expansion-program/
[338] *Tendencias en la Judicialización y Alternativas al Encarcelamiento para los Delitos de Drogas*. (2016). Ministerio de Justicia y del Derecho. http://www.odc.gov.co/Portals/1/publicaciones/pdf/alternativas-encarcelamiento/CR1522016-tendencias-judializacion-delitos-drogas.pdf
[339] Arias Madrigal, D. M. (2018). *Programa de Justicia Restaurativa en el Poder Judicial, Costa Rica.* Poder Judicial. http://justiciarestaurativa.org/news/justicia%20restaurativa.pdf
[340] OAS, & CICAD. (2019). *Multilateral Evaluation Mechanism: Costa Rica.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Costa%20Rica-7thRd-ENG.pdf
[341] Arias Madrigal, D. M. (2018). *Programa de Justicia Restaurativa en el Poder Judicial, Costa Rica.* Poder Judicial. http://justiciarestaurativa.org/news/justicia%20restaurativa.pdf
[342] The Law Library of Congress, Global Research Center. (2016*). Decriminalization of Narcotics.* https://www.loc.gov/law/help/decriminalization-of-narcotics/decriminalization-of-narcotics.pdf
[343] OAS, & CICAD. (2019). *Multilateral Evaluation Mechanism: Costa Rica.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Costa%20Rica-7thRd-ENG.pdf
[344] Gobierno de Costa Rica. (2017). *Estrategia Nacional para el Abordaje y Reducción del Consumo de Sustancias Psicoactivas con Enfoque de Salud Pública en Costa Rica.*
[345] Gutierrez, N. (2021, March 18). *Decriminalization of Narcotics: Costa Rica*. Library of Congress: https://www.loc.gov/law/help/decriminalization-of-narcotics/costarica.php
[346] Gutierrez, N. (2021, March 18). *Decriminalization of Narcotics: Costa Rica*. Library of Congress: https://www.loc.gov/law/help/decriminalization-of-narcotics/costarica.php
[347] OAS, & CICAD. (2019). *Multilateral Evaluation Mechanism: Costa Rica.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Costa%20Rica-7thRd-ENG.pdf
[348] UNODC. (2020). *Toolkit on gender-responsive non-custodial measures.* https://www.unodc.org/documents/justice-and-prison-reform/20-01528_Gender_Toolkit_complete.pdf
[349] Gutierrez, N. (2021, March 18). *Decriminalization of Narcotics: Costa Rica*. Library of Congress: https://www.loc.gov/law/help/decriminalization-of-narcotics/costarica.php
[350] Gutierrez, N. (2021, March 18). *Decriminalization of Narcotics: Costa Rica*. Library of Congress: https://www.loc.gov/law/help/decriminalization-of-narcotics/costarica.php
[351] The Law Library of Congress, Global Research Center. (2016*). Decriminalization of Narcotics.* https://www.loc.gov/law/help/decriminalization-of-narcotics/decriminalization-of-narcotics.pdf
[352] OAS. (2019). *Estudio Diagnóstico del Programa Judicial de Tratamiento de Drogas de Costa Rica: Conclusiones y Recomendaciones.* Court Innovation. https://www.courtinnovation.org/sites/default/files/media/documents/2020-01/dtc_evualuacion_reporte_costa_rica_spa.pdf
[353] Belleza-Smull, I. (2017). *Will Cuba Update its Drug Policy for the Twenty First Century?* Igarapé Institute.
[354] Gaceta Oficial de la República de Cuba. (2013, June 25). *Gaceta Oficial No. 318 Extroardinaria de 25 de junio de 2013*. https://www.gacetaoficial.gob.cu/sites/default/files/go_x_018_2013.pdf
[355] Belleza-Smull, I. (2017). *Will Cuba Update its Drug Policy for the Twenty First Century?* Igarapé Institute.
[356] Ministry of Public Health of Cuba. (2020, February 3). *Cuba, las drogas y los nuevos desafíos para el Sistema de Salud.* https://salud.msp.gob.cu/cuba-las-drogas-y-los-nuevos-desafios-para-el-sistema-de-salud/
[357] IEMS-OMS. (2011). *Informe sobre el Sistema de Salud en la República de Cuba.* https://www.who.int/mental_health/who_aims_country_reports/who_aims_report_cuba_es.pdf
[358] Belleza-Smull, I. (2017). *Will Cuba Update its Drug Policy for the Twenty First Century?* Igarapé Institute.

[359] OAS, & CICAD. (2019). *Multilateral Evaluation Mechanism: Dominica 2019*. http://www.cicad.oas.org/mem/reports/7/Full_Eval/Dominica-7thRd-ENG.pdf
[360] OAS, & CICAD. (2019). *Multilateral Evaluation Mechanism: Dominica 2019*. http://www.cicad.oas.org/mem/reports/7/Full_Eval/Dominica-7thRd-ENG.pdf
[361] Donoso, J. C. (2016). *LAPOP Americas Barometer Report on Citizen Security in Six Countries in the Organization of Eastern Caribbean States*. Vanderbuilt. https://www.vanderbilt.edu/lapop/antigua-and-barbuda/2016_OECS_Survey_Report_W_111716.pdf
[362] OAS, & CICAD. (2019). *Multilateral Evaluation Mechanism: Dominica 2019*. http://www.cicad.oas.org/mem/reports/7/Full_Eval/Dominica-7thRd-ENG.pdf
[363] Dominica News Online. (2018, April 23). Drug rehab centre 'urgently needed' in Dominica. https://dominicanewsonline.com/news/homepage/news/drug-rehab-centre-urgently-needed-in-dominica/
[364] Dominica Alcohol and Drug Information Network. (2018). *Annual Report.* COPOLAD. http://copolad.eu/files/2020-02/dadin-report-2018.pdf
[365] Secretaría Ejecutiva de la Comisión Interamericana para el Control del Abuso de Drogas (SE/CICAD) de la Organización de los Estados Americanos (OEA). (2019). *Estudio diagnóstico del programa de tratamiento bajo supervisión judicial, República Dominicana.* http://www.cicad.oas.org/fortalecimiento_institucional/dtca/publications/DTC_Evualuacion_Reporte_Republica_Dominicana_spa.pdf
[366] The National Drug Council (CND). (2016). *Plan Estratégico Nacional sobre drogas 2016-2020.* CICAD. http://www.cicad.oas.org/Fortalecimiento_Institucional/planesNacionales/Republica_Dominicana_Plan_Estrategico_Nacional_sobre_Drogas_2016_2020.pdf
[367] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Dominican Republic: Evaluation report on drug policies 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Rep_Dominicana-7thRd-ENG.pdf
[368] Distrito Nacional, República Dominicana. (2011). *Informe del estudio de viabilidad del modelo de tribunales de tratamiento de la dependencia de drogas en la República Dominicana.* https://consejodedrogasrd.gob.do/transparencia/phocadownload/Publicaciones/Investigaciones/Estudio%20de%20Viabilidad%20del%20Modelo%20de%20Tribunales%20de%20Tratamiento%20de%20la%20Dependencia%20de%20Drogas%20en%20Rep.%20Dominicana.pdf
[369] Secretaría Ejecutiva de la Comisión Interamericana para el Control del Abuso de Drogas (SE/CICAD) de la Organización de los Estados Americanos (OEA). (2019). *Estudio diagnóstico del programa de tratamiento bajo supervisión judicial, República Dominicana.* http://www.cicad.oas.org/fortalecimiento_institucional/dtca/publications/DTC_Evualuacion_Reporte_Republica_Dominicana_spa.pdf
[370] Secretaría Ejecutiva de la Comisión Interamericana para el Control del Abuso de Drogas (SE/CICAD) de la Organización de los Estados Americanos (OEA). (2019). *Estudio diagnóstico del programa de tratamiento bajo supervisión judicial, República Dominicana.* http://www.cicad.oas.org/fortalecimiento_institucional/dtca/publications/DTC_Evualuacion_Reporte_Republica_Dominicana_spa.pdf
[371] Secretaría Ejecutiva de la Comisión Interamericana para el Control del Abuso de Drogas (SE/CICAD) de la Organización de los Estados Americanos (OEA). (2019). *Estudio diagnóstico del programa de tratamiento bajo supervisión judicial, República Dominicana.* http://www.cicad.oas.org/fortalecimiento_institucional/dtca/publications/DTC_Evualuacion_Reporte_Republica_Dominicana_spa.pdf
[372] Secretaría Ejecutiva de la Comisión Interamericana para el Control del Abuso de Drogas (SE/CICAD) de la Organización de los Estados Americanos (OEA). (2019). *Estudio diagnóstico del programa de tratamiento bajo supervisión judicial, República Dominicana.* http://www.cicad.oas.org/fortalecimiento_institucional/dtca/publications/DTC_Evualuacion_Reporte_Republica_Dominicana_spa.pdf
[373] Secretaría Ejecutiva de la Comisión Interamericana para el Control del Abuso de Drogas (SE/CICAD) de la Organización de los Estados Americanos (OEA). (2019). *Estudio diagnóstico del programa de tratamiento bajo supervisión judicial, República Dominicana.* http://www.cicad.oas.org/fortalecimiento_institucional/dtca/publications/DTC_Evualuacion_Reporte_Republica_Dominicana_spa.pdf
[374] Rathe, M. (2018). *Dominican Republic: Implementing a health protection system that leaves no one behind*. Universal Health Coverage Study Series No. 30, World Bank Group, Washington DC. https://openknowledge.worldbank.org/handle/10986/29182
[375] Schleifer, R., Ramírez Hernández, T. T., Ward, E. & Watson Williams, C. (2018). *Drugs, Security and Democracy Program: Drug Courts in the Americas*. Social Science Research Council. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf
[376] Secretaria Técnica de Prevención Integral de Drogas. (2017*). Plan Nacional de Prevención Integral Y Control de Fenómeno Socio Económico de las Drogas 2017-2021.*

http://sisco.copolad.eu/web/uploads/documentos/PLAN_NACIONAL_DE_PREVENCION_INTEGRAL_Y_CONTROL_DEL_FENOMENO_SOCIO_ECONOMICO_DE_LAS_DROGAS_2017-2021.pdf

[377] Secretaria Técnica de Prevención Integral de Drogas. (2017*). Plan Nacional de Prevención Integral Y Control de Fenómeno Socio Económico de las Drogas 2017-2021.* http://sisco.copolad.eu/web/uploads/documentos/PLAN_NACIONAL_DE_PREVENCION_INTEGRAL_Y_CONTROL_DEL_FENOMENO_SOCIO_ECONOMICO_DE_LAS_DROGAS_2017-2021.pdf

[378] Secretaria Técnica de Prevención Integral de Drogas. (2017*). Plan Nacional de Prevención Integral Y Control de Fenómeno Socio Económico de las Drogas 2017-2021.* http://sisco.copolad.eu/web/uploads/documentos/PLAN_NACIONAL_DE_PREVENCION_INTEGRAL_Y_CONTROL_DEL_FENOMENO_SOCIO_ECONOMICO_DE_LAS_DROGAS_2017-2021.pdf

[379] World Politics Review. (2019). *What a Fatal Fire at a Rehab Clinic Reveals About Ecuador's Drug Policies*. https://www.worldpoliticsreview.com/trend-lines/27393/what-a-fatal-fire-at-a-rehab-clinic-reveals-about-ecuador-s-drug-policies

[380] World Politics Review. (2019). *What a Fatal Fire at a Rehab Clinic Reveals About Ecuador's Drug Policies*. https://www.worldpoliticsreview.com/trend-lines/27393/what-a-fatal-fire-at-a-rehab-clinic-reveals-about-ecuador-s-drug-policies

[381] Inter-American Drug Abuse Commission (CICAD). (2015). *Technical Report on Alternatives to Incarceration for Drug-Related Offenses*. http://cicad.oas.org/fortalecimiento_institucional/dtca/publications/ReportOnAlternativesToIncarceration_ENG.pdf

[382] Lomba, A. (2021, April). Personal Communication.

[383] Inter-American Commission on Human Rights (IACHR). (2017). *Measures to Reduce Pretrial Detention*. IACHR. http://www.oas.org/en/iachr/reports/pdfs/PretrialDetention.pdf

[384] Granizo, E. (n.d.). *Alternativas al Encarcelamiento en los Delitos Relacionados con las Drogas en Ecuador*. Defensoría Publica. https://biblioteca.defensoria.gob.ec/bitstream/37000/1470/1/22.-%20PRESENTACI%c3%93N%20U.%20CAT%c3%93LICA.pdf

[385] Granizo, E. (n.d.). *Alternativas al Encarcelamiento en los Delitos Relacionados con las Drogas en Ecuador*. Defensoría Publica. https://biblioteca.defensoria.gob.ec/bitstream/37000/1470/1/22.-%20PRESENTACI%c3%93N%20U.%20CAT%c3%93LICA.pdf

[386] OAS, & CICAD. (2019). *El Salvador: Evaluation Report on Drug Policies.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/El%20Salvador-7thRd-ENG.PDF

[387] Ediciones El PACcTO. (2019). *Catálogo de medidas alternativas a las privativas de libertad.* https://www.elpaccto.eu/wp-content/uploads/2019/09/Catalogo-Medidas-Alternativas.pdf

[388] Ediciones El PACcTO. (2019). *Catálogo de medidas alternativas a las privativas de libertad.* https://www.elpaccto.eu/wp-content/uploads/2019/09/Catalogo-Medidas-Alternativas.pdf

[389] Ediciones El PACcTO. (2019). *Catálogo de medidas alternativas a las privativas de libertad.* https://www.elpaccto.eu/wp-content/uploads/2019/09/Catalogo-Medidas-Alternativas.pdf

[390] OAS, & CICAD. (2019). *El Salvador: Evaluation Report on Drug Policies.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/El%20Salvador-7thRd-ENG.PDF

[391] OAS, & CICAD. (2019). *El Salvador: Evaluation Report on Drug Policies.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/El%20Salvador-7thRd-ENG.PDF

[392] OAS, & CICAD. (2019). *El Salvador: Evaluation Report on Drug Policies.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/El%20Salvador-7thRd-ENG.PDF

[393] Dickson-Gómez, J. (2012). Substance Abuse Disorders Treatment in El Salvador: Analysis of Policy-Making-Related Failure. *Substance Use and Misuse, 47*(13), 1546-1551. http://dx.doi.org/10.3109/10826084.2012.705698

[394] OAS, & CICAD. (2019). *El Salvador: Evaluation Report on Drug Policies.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/El%20Salvador-7thRd-ENG.PDF

[395] Cáceres, M. (2019, August 30). *Miles de condenados sin cárcel: ¿Dónde cumplen su pena los sentenciados a trabajos de utilidad pública en El Salvador*. https://historico.elsalvador.com/historico/644667/los-condenados-sin-carcel.html
[396] [396] Dickson-Gómez, J. (2012). Substance Abuse Disorders Treatment in El Salvador: Analysis of Policy-Making-Related Failure. *Substance Use and Misuse, 47*(13), 1546-1551. http://dx.doi.org/10.3109/10826084.2012.705698
[397] Johnson, K., Shamblen, S., Courser, M., Young, L., Abadi, M., & Browne, T. (2013). Drug use and treatment success among gang and non-gang members in El Salvador: A prospective cohort study. *Substance Abuse Treatment, Prevention, and Policy, 8*,20. https://doi.org/10.1186/1747-597X-8-20
[398] Cáceres, M. (2019, August 30). *Miles de condenados sin cárcel: ¿Dónde cumplen su pena los sentenciados a trabajos de utilidad pública en El Salvador*. https://historico.elsalvador.com/historico/644667/los-condenados-sin-carcel.html
[399] Grenada Drug Control Secretariat. (2019*). Listing of Key Legislation, Treaties, Drug Strategies, and Institutions in Drug Control.* https://gov.gd/sites/moe/files/Legislation%2C%20Plans%2C%20Institutions%20in%20Drug%20Control%2C%202019.pdf
[400] OAS, & CICAD. (2019*). Multilateral Evaluation Mechanism: Grenada: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Grenada-7thRd-ENG.pdf
[401] Government of Grenada. (2012-2017*). National Anti-Drug Strategy.* https://www.gov.gd/sites/default/files/egov/ncodc/draft_anti_drug_strategy_2012_2017_29_dec_2011.pdf#:~:text=NATIONAL%20ANTI%20DRUG%20Strategy%202012%20TO%202017%20The,priorities%2C%20and%20apportion%20responsibilities%20for%20drug%20control%20efforts
[402] Donoso, J. C. (2016*). LAPOP Americas Barometer Report on Citizen Security in Six Countries in the Organization of Eastern Caribbean States*. Vanderbilt. https://www.vanderbilt.edu/lapop/antigua-and-barbuda/2016_OECS_Survey_Report_W_111716.pdf
[403]OAS, & CICAD. (2019*). Multilateral Evaluation Mechanism: Grenada: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Grenada-7thRd-ENG.pdf
[404] Alexander, D., & Japal, E. (2018). *Grenada Drug Epidemiology Network (GRENDEN) Statistical Report of Indicators, 2017*. Drug Control Secretariat, Grenada. https://www.gov.gd/sites/moe/files/GRENDEN%20Statistical%20Report%2C%20January%20to%20June%202019.pdf
[405] Crawford-Daniel, W., & Noel, H. (2018). *Grenada 2017 Annual Country Drug Report.* https://gov.gd/sites/moe/files/Grenada%20Drug%20Report,%202017%20.pdf
[406] OAS, & CICAD. (2019*). Multilateral Evaluation Mechanism: Grenada: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Grenada-7thRd-ENG.pdf
[407] OAS, & CICAD. (2019). *Multilateral Evaluation Mechanism: Guatemala: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Guatemala-7thRd-ENG.pdf, pp. 9-11.
[408] Guatemala. (1973). *Código Penal y sus Reformas*. ACNUR. https://acnur.org/fileadmin/Documentos/BDL/2001/0136.pdf
[409] OAS, & CICAD. (2019). *Multilateral Evaluation Mechanism: Guatemala: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Guatemala-7thRd-ENG.pdf, pp. 9-11.
[410] Secretaría Ejecutiva de la Comisión Contra las Adicciónes y el Tráfico Ilícito de Drogas (SECCATID). (2019). *Política Nacional para el Abordaje de las Drogas y las Adicciones 2019-2030.*
[411] OAS, & CICAD. (2019). *Multilateral Evaluation Mechanism: Guatemala: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Guatemala-7thRd-ENG.pdf
[412] OAS, & CICAD. (2019). *Multilateral Evaluation Mechanism: Guatemala: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Guatemala-7thRd-ENG.pdf, pp. 9-11.
[413] Comisión Interamericana de Derechos Humanos. (2017). *Medidas para reducir la prisión preventativa.* OAS. https://www.oas.org/es/cidh/informes/pdfs/PrisionPreventiva.pdf
[414] Por Nómada. (2019, March 29). *Así funciona el negocio de los centros de rehabilitación evangélicos en Ciudad de Guatemala.* https://nomada.gt/identidades/guatemala-urbana/asi-funciona-el-negocio-de-los-centros-de-rehabilitacion-evangelicos-en-ciudad-de-guatemala/
[415] OAS, & CICAD. (2019). *Multilateral Evaluation Mechanism: Guatemala: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Guatemala-7thRd-ENG.pdf, pp. 9-11.
[416] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Multilateral evaluation mechanism: Guyana: Evaluation report on drug policies: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Guyana-7thRd-ENG.pdf

[417] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Multilateral evaluation mechanism: Guyana: Evaluation report on drug policies: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Guyana-7thRd-ENG.pdf
[418] The Government of Guyana. (2012). *Narcotics Drug and Psychotropic Act of 1988*.CariCom. http://caricom.org/documents/15280-narcotic-drugs-and-psychotropic-substances-control.pdf
[419] National Anti-Narcotics Agency. (2016). *Guyana: National drug strategy master plan 2016-2020.* https://nana.gov.gy/ndsmp-2016-to-2020.pdf
[420] United Nations Development Programme. (2020). *Caribbean Justice: A needs assessment of the judicial system in nine countries.* https://www.latinamerica.undp.org/content/rblac/en/home/library/democratic_governance/caribbean-justice--a-needs-assestment-of-the-judicial-system-in-.html
[421] National Anti-Narcotics Agency. (2016). *Guyana: National drug strategy master plan 2016-2020.* https://nana.gov.gy/ndsmp-2016-to-2020.pdf
[422] National Anti-Narcotics Agency. (2016). *Guyana: National drug strategy master plan 2016-2020.* https://nana.gov.gy/ndsmp-2016-to-2020.pdf
[423] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Multilateral evaluation mechanism: Guyana: Evaluation report on drug policies: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Guyana-7thRd-ENG.pdf
[424] Alleyne, O. (2019). Drug treatment court opens. *Stabroek News*. https://www.stabroeknews.com/2019/10/22/news/guyana/drug-treatment-court-opens/
[425] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Multilateral evaluation mechanism: Guyana: Evaluation report on drug policies: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Guyana-7thRd-ENG.pdf
[426] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Multilateral evaluation mechanism: Guyana: Evaluation report on drug policies: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Guyana-7thRd-ENG.pdf
[427] Alleyne, O. (2019). Drug treatment court opens. *Stabroek News*. https://www.stabroeknews.com/2019/10/22/news/guyana/drug-treatment-court-opens/
[428] Alleyne, O. (2019). Drug treatment court opens. *Stabroek News*. https://www.stabroeknews.com/2019/10/22/news/guyana/drug-treatment-court-opens/
[429] Barnes-Ceeney, K. & Hoffman, L. (2020). *Evaluation of juvenile justice sector reform implementation in St. Lucia, St. Kitts and Nevis, and Guyana: Midline report.* https://pdf.usaid.gov/pdf_docs/PA00WHTP.pdf
[430] Barnes-Ceeney, K. & Hoffman, L. (2020). *Evaluation of juvenile justice sector reform implementation in St. Lucia. St. Kitts and Nevis, and Guyana: Midline report.* https://pdf.usaid.gov/pdf_docs/PA00WHTP.pdf
[431] Harm Reduction International. (2020). *COVID-19, prisons and drug policy.* https://www.hri.global/covid-19-prison-diversion-measures
[432] OAS, & CICAD. (2019). *Multilateral Evaluation Mechanism, Evaluation Report on Drug Policies: Haiti 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Haiti-7thRd-ENG.pdf
[433] OAS, & CICAD. (2019). *Multilateral Evaluation Mechanism, Evaluation Report on Drug Policies: Haiti 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Haiti-7thRd-ENG.pdf
[434] INL. (2021). *Bureau of International Narcotics and Law Enforcement Affairs: Haiti Summary.* US Department of State. https://www.state.gov/bureau-of-international-narcotics-and-law-enforcement-affairs-work-by-country/haiti-summary/
[435] OAS, & CICAD. (2019). *Honduras: Evaluation Report on Drug Policies 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Honduras-7thRd-ENG.pdf
[436] Transnational Institute. (n.d.). *Reforma de la ley de drogas en Honduras.* https://www.tni.org/en/node/16240#:~:text=Seg%C3%BAn%20el%20decreto%20126%2F89,y%20la%20posesi%C3%B3n%20de%20drogas.&text=La%20diferencia%20en%20las%20penas,delito%20de%20tr%C3%A1fico%20de%20drogas
[437] Poder Judicial de Honduras. (1999). *Decreto No. 9-99-E*. http://www.poderjudicial.gob.hn/CEDIJ/Leyes/Documents/CPP-RefDPI.pdf
[438] OAS, & CICAD. (2019). *Honduras: Evaluation Report on Drug Policies 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Honduras-7thRd-ENG.pdf
[439] OAS, & CICAD. (2019). *Honduras: Evaluation Report on Drug Policies 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Honduras-7thRd-ENG.pdf
[440] OAS, & CICAD. (2019). *Honduras: Evaluation Report on Drug Policies 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Honduras-7thRd-ENG.pdf
[441] Poder Judicial de Honduras. (1999). *Decreto No. 9-99-E*. http://www.poderjudicial.gob.hn/CEDIJ/Leyes/Documents/CPP-RefDPI.pdf
[442] OAS, & CICAD. (2019). *Honduras: Evaluation Report on Drug Policies 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Honduras-7thRd-ENG.pdf
[443] Ministry of Justice. (1999). *Drug Court (Treatment and Rehabilitation of Offenders) Act.* https://moj.gov.jm/sites/default/files/laws/The%20Drug%20Court%20%28Treatment%20and%20Rehabilitation%2C%20etc.%29%20Act.pdf

[444] Ministry of Justice. (1999). *Drug Court (Treatment and Rehabilitation of Offenders) Act.* https://moj.gov.jm/sites/default/files/laws/The%20Drug%20Court%20%28Treatment%20and%20Rehabilitation%2C%20etc.%29%20Act.pdf
[445] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Jamaica: Evaluation report on drug policies: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Jamaica-7thRd-ENG.pdf
[446] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Jamaica: Evaluation report on drug policies: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Jamaica-7thRd-ENG.pdf
[447] Organization of the Americas (OAS). (2010). *Establishing drug treatment courts: Strategies, experiences and preliminary outcomes; Volume one: Overview and survey results.* CICAD. http://www.cicad.oas.org/fortalecimiento_institucional/dtca/files/Establishing_DTC_%20Strategies_Experiences_Preliminary_Outcomes_volume%201.pdf
[448] Organization of the Americas (OAS). (2010). *Establishing drug treatment courts: Strategies, experiences and preliminary outcomes; Volume one: Overview and survey results.* CICAD. http://www.cicad.oas.org/fortalecimiento_institucional/dtca/files/Establishing_DTC_%20Strategies_Experiences_Preliminary_Outcomes_volume%201.pdf
[449] Jackson-Haisley, S. (2013). *The drug treatment court concept: The Jamaican drug courts.* World Bank. http://documents1.worldbank.org/curated/en/814151468162271878/pdf/774300NWP0J0D000Box377296B00PUBLIC0.pdf
[450] Jackson-Haisley, S. (2013). *The drug treatment court concept: The Jamaican drug courts.* World Bank. http://documents1.worldbank.org/curated/en/814151468162271878/pdf/774300NWP0J0D000Box377296B00PUBLIC0.pdf
[451] Jackson-Haisley, S. (2013). *The drug treatment court concept: The Jamaican drug courts.* World Bank. http://documents1.worldbank.org/curated/en/814151468162271878/pdf/774300NWP0J0D000Box377296B00PUBLIC0.pdf
[452] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Jamaica: Evaluation report on drug policies: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Jamaica-7thRd-ENG.pdf
[453] Jackson-Haisley, S. (2013). *The drug treatment court concept: The Jamaican drug courts.* World Bank. http://documents1.worldbank.org/curated/en/814151468162271878/pdf/774300NWP0J0D000Box377296B00PUBLIC0.pdf
[454] Schleifer, R., Ramírez Hernández, T. T., Ward, E. & Watson Williams, C. (2018). *Drugs, Security and Democracy Program: Drug Courts in the Americas*. Social Science Research Council. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf
[455] Schleifer, R., Ramírez Hernández, T. T., Ward, E. & Watson Williams, C. (2018). *Drugs, Security and Democracy Program: Drug Courts in the Americas*. Social Science Research Council. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf
[456] Schleifer, R., Ramírez Hernández, T. T., Ward, E. & Watson Williams, C. (2018). *Drugs, Security and Democracy Program: Drug Courts in the Americas*. Social Science Research Council. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf
[457] Schleifer, R., Ramírez Hernández, T. T., Ward, E. & Watson Williams, C. (2018). *Drugs, Security and Democracy Program: Drug Courts in the Americas*. Social Science Research Council. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf
[458] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Jamaica: Evaluation report on drug policies: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Jamaica-7thRd-ENG.pdf
[459] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Jamaica: Evaluation report on drug policies: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Jamaica-7thRd-ENG.pdf
[460] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Jamaica: Evaluation report on drug policies: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Jamaica-7thRd-ENG.pdf
[461] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Jamaica: Evaluation report on drug policies: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Jamaica-7thRd-ENG.pdf
[462] The Congress of the United Mexican States. (1984). *Ley General de Salud.* Justia México. https://mexico.justia.com/federales/leyes/ley-general-de-salud/titulo-decimo-octavo/capitulo-vii/#articulo-481

[463] The Congress of the United Mexican States. (1984). *Ley General de Salud.* Justia México. https://mexico.justia.com/federales/leyes/ley-general-de-salud/titulo-decimo-octavo/capitulo-vii/#articulo-481
[464] Mexico Evalúa. (2013, November 12). *Prisons in Mexico: What for?* Issuu. https://issuu.com/irpsmedia/docs/mex-eva_indx-prisons_english_versio
[465] Mexico Evalúa. (2013, November 12). *Prisons in Mexico: What for?* Issuu. https://issuu.com/irpsmedia/docs/mex-eva_indx-prisons_english_versio
[466]Schleifer, R., Ramírez Hernández, T. T., Ward, E. & Watson Williams, C. (2018). *Drugs, Security and Democracy Program: Drug Courts in the Americas.* Social Science Research Council. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf
[467] Inter-American Drug Abuse Control Commission (CICAD), Secretariat for Multidimensional Security of the Organization of American State (OAS). (2010). *Establishing drug treatment courts: Strategies, experiences and preliminary outcomes.* http://www.cicad.oas.org/fortalecimiento_institucional/dtca/files/Establishing_DTC_%20Strategies_Experiences_Preliminary_Outcomes_volume%201.pdf
[468] Schleifer, R., Ramírez Hernández, T. T., Ward, E. & Watson Williams, C. (2018). *Drugs, Security and Democracy Program: Drug Courts in the Americas.* Social Science Research Council. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf
[469] Schleifer, R., Ramírez Hernández, T. T., Ward, E. & Watson Williams, C. (2018). *Drugs, Security and Democracy Program: Drug Courts in the Americas.* Social Science Research Council. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf
[470] Schleifer, R., Ramírez Hernández, T. T., Ward, E. & Watson Williams, C. (2018). *Drugs, Security and Democracy Program: Drug Courts in the Americas.* Social Science Research Council. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf
[471] Yucatan Times. (2016, November 8). 11 Mexican states now offer alternative drug treatment courts. https://www.theyucatantimes.com/2016/11/11-mexican-states-now-offer-alternative-drug-treatment-courts/
[472] Transnational Institute. (2014). *About drug law reform in Mexico.* https://www.tni.org/es/node/22195
[473]Schleifer, R., Ramírez Hernández, T. T., Ward, E. & Watson Williams, C. (2018). *Drugs, Security and Democracy Program: Drug Courts in the Americas.* Social Science Research Council. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf
[474] Schleifer, R., Ramírez Hernández, T. T., Ward, E. & Watson Williams, C. (2018). *Drugs, Security and Democracy Program: Drug Courts in the Americas.* Social Science Research Council. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf
[475] Inter-American Commission on Human Rights. (n.d.). *Practical guide to reduce pretrial detention.* https://www.oas.org/en/iachr/reports/pdfs/guide-pretrialdetention.pdf
[476] Harm Reduction International. (2020). *COVID-19, prisons and drug policy.* https://www.hri.global/covid-19-prison-diversion-measures
[477] Schleifer, R., Ramírez Hernández, T. T., Ward, E. & Watson Williams, C. (2018). *Drugs, Security and Democracy Program: Drug Courts in the Americas.* Social Science Research Council. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf
[478] Schleifer, R., Ramírez Hernández, T. T., Ward, E. & Watson Williams, C. (2018). *Drugs, Security and Democracy Program: Drug Courts in the Americas.* Social Science Research Council. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf
[479] CICAD. (2019). *Nicaragua: Evaluation Report on Drug Policies 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Nicaragua-7thRd-ENG.pdf, p.11.
[480] Asemblea Nacional de Nicaragua. (31 de Octubre de 2018). *La Gaceta: Diaro Oficial.* http://legislacion.asamblea.gob.ni/normaweb.nsf/($All)/6C5D0B4F0C80930706258273006A546A?OpenDocument
[481] CICAD. (2019). *Nicaragua: Evaluation Report on Drug Policies 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Nicaragua-7thRd-ENG.pdf, pp.15-16.
[482] Instituto Contra el Alcoholismo y la Drogadicción. (2018). *Instituto Contra el Alcoholismo y la Drogadicción.* http://www.hacienda.gob.ni/hacienda/presupuesto2018/mpmp/238.InstitutoContraAlcoholismoDrogadiccion.pdf
[483] Instituto Contra el Alcoholismo y la Drogadicción. (2018). *Instituto Contra el Alcoholismo y la Drogadicción.* http://www.hacienda.gob.ni/hacienda/presupuesto2018/mpmp/238.InstitutoContraAlcoholismoDrogadiccion.pdf
[484] OAS, & CICAD. (2019). *Multilateral Evaluation Mechanism: Panama, 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Panama-7thRd-ENG.pdf
[485] UNODC. (2013). *El uso de brazaletas de monitoreo electrónico como alternativa al encarcelamiento en Panamá.* https://www.unodc.org/documents/ropan/TechnicalConsultativeOpinions2013/Opinion_2/Opinion_Consultiva_002-2013_ESPANOL.pdf

[486] CONAPRED. (2013). *Estrategia Nacional Sobre Drogas 2012-2017*. https://ministeriopublico.gob.pa/wp-content/uploads/2017/04/ESTRATEGIA-NACIONAL-SOBRE-DROGAS-2012-2017.pdf
[487] CONAPRED. (2013). *Estrategia Nacional Sobre Drogas 2012-2017*. https://ministeriopublico.gob.pa/wp-content/uploads/2017/04/ESTRATEGIA-NACIONAL-SOBRE-DROGAS-2012-2017.pdf
[488] UNODC. (2013). *El uso de brazaletas de monitoreo electrónico como alternativa al encarcelamiento en Panamá*. https://www.unodc.org/documents/ropan/TechnicalConsultativeOpinions2013/Opinion_2/Opinion_Consultiva_002-2013_ESPANOL.pdf
[489] OAS, & CICAD. (2019). *Multilateral Evaluation Mechanism: Panama, 2019*. http://www.cicad.oas.org/mem/reports/7/Full_Eval/Panama-7thRd-ENG.pdf
[490] El PACcTO. (2019). *Catálogo de medidas alternativas a las penas privativas de libertad.* https://www.elpaccto.eu/wp-content/uploads/2019/09/Catalogo-Medidas-Alternativas.pdf
[491] Comisión Interamericana de Derechos Humanos. (2017). *Medidas para reducir la prisión preventiva*. https://www.oas.org/es/cidh/informes/pdfs/PrisionPreventiva.pdf
[492] OAS. (2019). *Estudio Diagnóstico del Programa Judicial de Tratamiento de Drogas de Panamá: Conclusiones y Recomendaciones*. https://www.courtinnovation.org/sites/default/files/media/documents/2020-01/dtc_evualuacion_reporte_panama_spa.pdf
[493] Ley 1340/88: Que Modifica y Actualiza la Ley No. 357/72: Que Reprime el Tráfico Ilícito de Estupefacientes y Drogas Peligrosas y Otros Delitos Afines y Establilice Medidas de Prevención y Recuperación de Farmacodependientes. (n.d). https://www.mspbs.gov.py/dependencias/dnvs/adjunto/04944e-LEYN13401988QUEREPRIMEELTRFICOILCITO.pdf
[494] Biblioteca y Archivo Central del Congreso Nacional del Paraguay (BACCN). (2012). Ley No. 1286 / Código Procesal Penal. https://www.bacn.gov.py/leyes-paraguayas/203/ley-n-1286-codigo-procesal-penal
[495] Biblioteca y Archivo Central del Congreso Nacional del Paraguay (BACCN). (2012). Ley No. 1286 / Código Procesal Penal. https://www.bacn.gov.py/leyes-paraguayas/203/ley-n-1286-codigo-procesal-penal
[496] Biblioteca y Archivo Central del Congreso Nacional del Paraguay (BACCN). (2012). Ley No. 1286 / Código Procesal Penal. https://www.bacn.gov.py/leyes-paraguayas/203/ley-n-1286-codigo-procesal-penal
[497] Secretaría Nacional Antidrogas (SENAD). (2018). Política Nacional sobre Drogas del Paraguay 2017 - 2022. http://www.cicad.oas.org/Fortalecimiento_Institucional/planesNacionales/Paraguay_Politica_Nacional_de_Drogas_2017_2022.pdf
[498] Secretaría Nacional Antidrogas (SENAD). (2018). Política Nacional sobre Drogas del Paraguay 2017 - 2022. http://www.cicad.oas.org/Fortalecimiento_Institucional/planesNacionales/Paraguay_Politica_Nacional_de_Drogas_2017_2022.pdf
[499] Secretaría Nacional Antidrogas (SENAD). (2018). Política Nacional sobre Drogas del Paraguay 2017 - 2022. http://www.cicad.oas.org/Fortalecimiento_Institucional/planesNacionales/Paraguay_Politica_Nacional_de_Drogas_2017_2022.pdf
[500] Comisión Interamericana de Derechos Humanos (CIDH). (2017). *Medidas para reducir la prisión preventiva.* OAS. http://www.oas.org/es/cidh/informes/pdfs/PrisionPreventiva.pdf
[501] Comisión Nacional para el Desarrollo y Vida Sin Drogas (DEVIDA). (2017). *Estrategia Nacional de Lucha Contra las Drogas*: *2017-2021*. https://www.devida.gob.pe/documents/20182/314196/Estrategia_FINAL_castellano2.pdf
[502] Comisión Nacional para el Desarrollo y Vida Sin Drogas (DEVIDA). (2017). *Estrategia Nacional de Lucha Contra las Drogas*: *2017-2021*. https://www.devida.gob.pe/documents/20182/314196/Estrategia_FINAL_castellano2.pdf
[503] Comisión Nacional para el Desarrollo y Vida Sin Drogas (DEVIDA). (2017). *Estrategia Nacional de Lucha Contra las Drogas*: *2017-2021*. https://www.devida.gob.pe/documents/20182/314196/Estrategia_FINAL_castellano2.pdf
[504] Comisión Nacional para el Desarrollo y Vida Sin Drogas (DEVIDA). (2017). *Estrategia Nacional de Lucha Contra las Drogas*: *2017-2021*. https://www.devida.gob.pe/documents/20182/314196/Estrategia_FINAL_castellano2.pdf
[505] Comisión Nacional para el Desarrollo y Vida Sin Drogas (DEVIDA). (2017). *Estrategia Nacional de Lucha Contra las Drogas*: *2017-2021*. https://www.devida.gob.pe/documents/20182/314196/Estrategia_FINAL_castellano2.pdf

[506] Comisión Interamericana de Derechos Humanos (CIDH). (2017). *Medidas para reducir la prisión preventiva.* OAS. http://www.oas.org/es/cidh/informes/pdfs/PrisionPreventiva.pdf
[507] OAS. (2017). *Rapporteurship on the Rights of Persons Deprived of Liberty Conducts Visit to Peru*. https://www.oas.org/en/iachr/media_center/PReleases/2017/029.asp
[508] OAS & CICAD. (2019). *Multilateral Evaluation Mechanism: Saint Lucia 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Saint_Lucia-7thRd-ENG.pdf
[509] Herman, H. (2011). *St. Lucia*. OAS. https://www.oas.org/es/cidh/ppl/actividades/seminario2011/2011StLucia.pdf
[510] Herman, H. (2011). *St. Lucia*. OAS. https://www.oas.org/es/cidh/ppl/actividades/seminario2011/2011StLucia.pdf
[511] OAS & CICAD. (2019). *Multilateral Evaluation Mechanism: Saint Lucia 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Saint_Lucia-7thRd-ENG.pdf
[512] USAID. (2016). *LAPOP Americas Barometer on Citizen Security in Six Countries of the Organization of Eastern Caribbean States*. Vanderbilt University. https://www.vanderbilt.edu/lapop/antigua-and-barbuda/2016_OECS_Survey_Report_W_111716.pdf
[513] The Voice. (2020, March 7). *Minister Francis: Inmate Rehabilitation, Social Integration, Go Hand in Hand.* https://thevoiceslu.com/2020/03/minister-francis-inmate-rehabilitation-social-reintegration-go-hand-in-hand/
[514] OAS & CICAD. (2019). *Multilateral Evaluation Mechanism: Saint Lucia 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Saint_Lucia-7thRd-ENG.pdf
[515] Williams, D., Hoffman, L., Sabet, D., Caligan, C., & Feenstra, M. (2018). *Evaluation of Juvenile Justice Sector Reform Implementation in St. Lucia, St. Kitts and Nevis, and Guyana.* USAID. https://pdf.usaid.gov/pdf_docs/PA00T1BS.pdf
[516] Herman, H. (2011). *St. Lucia*. OAS. https://www.oas.org/es/cidh/ppl/actividades/seminario2011/2011StLucia.pdf
[517] Herman, H. (2011). *St. Lucia*. OAS. https://www.oas.org/es/cidh/ppl/actividades/seminario2011/2011StLucia.pdf
[518] Williams, D., Hoffman, L., Sabet, D., Caligan, C., & Feenstra, M. (2018). *Evaluation of Juvenile Justice Sector Reform Implementation in St. Lucia, St. Kitts and Nevis, and Guyana.* USAID. https://pdf.usaid.gov/pdf_docs/PA00T1BS.pdf
[519] Herman, H. (2011). *St. Lucia*. OAS. https://www.oas.org/es/cidh/ppl/actividades/seminario2011/2011StLucia.pdf
[520] Law Revision Commissioner. (2009). *Alternative Sentencing Powers Act.* https://aglcskn.info/documents/Act02and09TOC/Ch%2003.20%20Alternative%20Sentencing%20Powers%20Act.pdf
[521] Inter-American Drug Abuse Control Commission (CICAD), Secretariat for Multidimensional Security (SMS). (2019). *Multilateral Evaluation Mechanism (MEM); Saint Kitts and Nevis: Evaluation Report on Drug Policies*. http://www.cicad.oas.org/mem/reports/7/Full_Eval/Saint_Kitts_and_Nevis-7thRd-ENG.pdf
[522] USAID. (2011). *St Kitts and Nevis Health Systems and Private Sector Assessment 2011*. https://www.hfgproject.org/wp-content/uploads/2015/02/St.-Kitts-and-Nevis-Health-Systems-and-Private-Sector-Assessment.pdf
[523] Office of the National Drug Control. (2002). *Antigua & Barbuda Drug Information System: Annual National Report 2002*. https://www.unodc.org/pdf/barbados/antigua_barbuda_report_2002.pdf
[524] Constitute Project. (n.d.). *Saint Vincent and the Grenadine's Constitution of 1979.* https://www.constituteproject.org/constitution/St_Vincent_and_the_Grenadines_1979.pdf
[525] WHO. (2009). WHO-AIMS Report on Mental Health System in Saint Vincent and the Grenadines. https://www.who.int/mental_health/saint_vincent_grenadines_who_aims_report.pdf?ua=1
[526] Lomba, A. (2021). Personal communication.
[527] Inter-American Drug Abuse Control Commission (CICAD), Secretariat for Multidimensional Security (SMS). (2019). *Multilateral Evaluation Mechanism (MEM): Suriname: Evaluation Report on Drug Policies.* http://fileserver.idpc.net/library/Suriname-7thRd-ENG.pdf
[528] Inter-American Drug Abuse Control Commission (CICAD), Secretariat for Multidimensional Security (SMS). (2019). *Multilateral Evaluation Mechanism (MEM): Suriname: Evaluation Report on Drug Policies.* http://fileserver.idpc.net/library/Suriname-7thRd-ENG.pdf
[529] COPLAD. (n.d.). *Psychiatric Center Suriname (PCS) Division Addiction Clinic*. http://copolad.eu/en/directorio-de-centros-y-servicios/ficha/1816

[530] Lomba, A. (2021). Personal Communication.
[531] Parliament of Trinidad and Tobago. (2020). *Act No. 29 of 2020.* http://www.ttparliament.org/legislations/a2020-29g.pdf
[532] Parliament of Trinidad and Tobago. (2020). *Act No. 29 of 2020.* http://www.ttparliament.org/legislations/a2020-29g.pdf
[533] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Multilateral evaluation mechanism: Trinidad and Tobago: Evaluation report on drug policies: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Trinidad_and_Tobago-7thRd-ENG.pdf
[534] Judiciary of Trinidad and Tobago. (2012). *Media release*. https://www.ttlawcourts.org/index.php/newsroom/news/3157-chief-justice-hosts-discussion-on-facility.html
[535] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Multilateral evaluation mechanism: Trinidad and Tobago: Evaluation report on drug policies: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Trinidad_and_Tobago-7thRd-ENG.pdf
[536] Judiciary of Trinidad and Tobago. (2012). *Media release*. https://www.ttlawcourts.org/index.php/newsroom/news/3157-chief-justice-hosts-discussion-on-facility.html
[537] Judiciary of Trinidad and Tobago. (2012). *Media release*. https://www.ttlawcourts.org/index.php/newsroom/news/3157-chief-justice-hosts-discussion-on-facility.html
[538] Schleifer, R., Ramírez Hernández, T. T., Ward, E. & Watson Williams, C. (2018). *Drugs, Security and Democracy Program: Drug Courts in the Americas*. Social Science Research Council. https://s3.amazonaws.com/ssrc-cdn1/crmuploads/new_publication_3/drug-courts-in-the-americas.pdf
[539] Holdip, M. (2017). *First bi-regional meeting for the exchange of best practices/COPOLAD II: "Drugs policy and criminal justice reform: Alternatives to prison for drug-related offences."* COPLAD. http://sisco.copolad.eu/web/uploads/documentos/P3_4_TRINIDAD__TOBAGO_MalcomHoldip_Re-engineering_Justice_in_Trinidad_and_Tobago.pdf
[540] Organization of the Americas (OAS). (2019). *A diagnostic study of the Trinidad and Tobago Drug Treatment Court, finding and recommendations*. Court Innovation. https://www.courtinnovation.org/sites/default/files/media/documents/2020-01/dtc_evaluation_report_trinidad_eng.pdf
[541] Holdip, M. (2017). *First bi-regional meeting for the exchange of best practices/COPOLAD II: "Drugs policy and criminal justice reform: Alternatives to prison for drug-related offences."* COPLAD. http://sisco.copolad.eu/web/uploads/documentos/P3_4_TRINIDAD__TOBAGO_MalcomHoldip_Re-engineering_Justice_in_Trinidad_and_Tobago.pdf
[542] Holdip, M. (2017). *First bi-regional meeting for the exchange of best practices/COPOLAD II: "Drugs policy and criminal justice reform: Alternatives to prison for drug-related offences."* COPLAD. http://sisco.copolad.eu/web/uploads/documentos/P3_4_TRINIDAD__TOBAGO_MalcomHoldip_Re-engineering_Justice_in_Trinidad_and_Tobago.pdf
[543] Harm Reduction International. (2020). *COVID-19, prisons and drug policy.* https://www.hri.global/covid-19-prison-diversion-measures
[544] Organization of the Americas (OAS). (2019). *A diagnostic study of the Trinidad and Tobago Drug Treatment Court, finding and recommendations*. Court Innovation. https://www.courtinnovation.org/sites/default/files/media/documents/2020-01/dtc_evaluation_report_trinidad_eng.pdf
[545] Organization of the Americas (OAS). (2019). *A diagnostic study of the Trinidad and Tobago Drug Treatment Court, finding and recommendations.* Court Innovation. https://www.courtinnovation.org/sites/default/files/media/documents/2020-01/dtc_evaluation_report_trinidad_eng.pdf
[546] Organization of the Americas (OAS). (2019). *A diagnostic study of the Trinidad and Tobago Drug Treatment Court, finding and recommendations*. Court Innovation. https://www.courtinnovation.org/sites/default/files/media/documents/2020-01/dtc_evaluation_report_trinidad_eng.pdf
[547] Organization of the Americas (OAS). (2019). *A diagnostic study of the Trinidad and Tobago Drug Treatment Court, finding and recommendations*. Court Innovation. https://www.courtinnovation.org/sites/default/files/media/documents/2020-01/dtc_evaluation_report_trinidad_eng.pdf
[548] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Uruguay: Evaluation report on drug policies: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Uruguay-7thRd-ENG.pdf
[549] The Organization of American States. (2011). *Annex to Press Release 76/11 on the preliminary observations on the visit to Uruguay by the office of the rapporteur on the rights of persons deprived of liberty.* http://www.oas.org/en/iachr/media_center/PReleases/2011/076A.asp

[550] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Uruguay: Evaluation report on drug policies: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Uruguay-7thRd-ENG.pdf
[551] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Uruguay: Evaluation report on drug policies: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Uruguay-7thRd-ENG.pdf
[552] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Uruguay: Evaluation report on drug policies: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Uruguay-7thRd-ENG.pdf
[553] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Uruguay: Evaluation report on drug policies: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Uruguay-7thRd-ENG.pdf
[554] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Uruguay: Evaluation report on drug policies: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Uruguay-7thRd-ENG.pdf
[555] Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS). (2019). *Uruguay: Evaluation report on drug policies: 2019.* http://www.cicad.oas.org/mem/reports/7/Full_Eval/Uruguay-7thRd-ENG.pdf
[556] Colman, J., E. (n.d). *Measures against overcrowding in Uruguay's jails, prisons and reform centres.* https://www.unafei.or.jp/publications/pdf/RS_No79/No79_33PA_Colman.pdf
[557] Harm Reduction International. (2020). *COVID-19, prisons and drug policy.* https://www.hri.global/covid-19-prison-diversion-measures
[558] Salas, L. (n.d). *World Factbook of Criminal Justice Systems: Venezuela*. BJS. https://bjs.ojp.gov/content/pub/pdf/wfbcjsv.pdf
[559] Inter-American Drug Abuse Control Commission (CICAD), Secretariat for Multidimensional Security (SMS). (2014). *Multilateral Evaluation Mechanism (MEM); Venezuela: Evaluation Report on Drug Policies.* http://www.cicad.oas.org/mem/reports/6/Full_Eval/Venezuela%20-%20Sexta%20Ronda%20de%20Evaluacion%20-%20ENG.pdf
[560] Inter-American Drug Abuse Control Commission (CICAD), Secretariat for Multidimensional Security (SMS). (2014). *Multilateral Evaluation Mechanism (MEM); Venezuela: Evaluation Report on Drug Policies.* http://www.cicad.oas.org/mem/reports/6/Full_Eval/Venezuela%20-%20Sexta%20Ronda%20de%20Evaluacion%20-%20ENG.pdf
[561] Inter-American Drug Abuse Control Commission (CICAD), Secretariat for Multidimensional Security (SMS). (2014). *Multilateral Evaluation Mechanism (MEM); Venezuela: Evaluation Report on Drug Policies.* http://www.cicad.oas.org/mem/reports/6/Full_Eval/Venezuela%20-%20Sexta%20Ronda%20de%20Evaluacion%20-%20ENG.pdf
[562] Principat d'Andorra. (2005). *Nouveau Code Pénal.* https://sherloc.unodc.org/cld/uploads/res/document/and/2005/penal_code_of_andorra_html/Andorra_Code_Penal_Fr.pdf
[563] World Health Organization. (2009). *Assessment of health services to prisoners in Andorra.* https://apps.who.int/iris/bitstream/handle/10665/107938/E92558.pdf;jsessionid=60628FDE28964BA2D59C4668959E2FB5?sequence=1
[564] World Health Organization. (2011). *Mental Health Atlas 2011: Andorra.* https://www.who.int/mental_health/evidence/atlas/profiles/and_mh_profile.pdf?ua=1
[565] World Health Organization. (2009). *Assessment of health services to prisoners in Andorra.* https://apps.who.int/iris/bitstream/handle/10665/107938/E92558.pdf;jsessionid=60628FDE28964BA2D59C4668959E2FB5?sequence=1
[566] World Health Organization. (2009). *Assessment of health services to prisoners in Andorra.* https://apps.who.int/iris/bitstream/handle/10665/107938/E92558.pdf;jsessionid=60628FDE28964BA2D59C4668959E2FB5?sequence=1
[567] European Monitoring Centre for Drugs and Drug Addiction. (2019). *Austria: Austria Country Drug Report 2019.* https://www.emcdda.europa.eu/system/files/publications/11357/austria-cdr-2019_0.pdf
[568] Schumann, S., & Köchl, B. (2015). Austria. In R. Soyer, S. Schumann (Eds.), *Treatment versus punishment for drug addiction: Lessons from Austria, Poland, and Spain.* Springer International Publishing DOI 10.1007/978-3-319-18824-9_1 (pp.3-14).
[569] European Monitoring Centre for Drugs and Drug Addiction. (2015) *Alternatives to punishment for drug-using offenders.* https://www.emcdda.europa.eu/system/files/publications/1020/TDAU14007ENN.pdf

[570] Schumann, S., & Köchl, B. (2015). Austria. In R. Soyer, S. Schumann (Eds.), Treatment versus punishment for drug addiction: Lessons from Austria, Poland, and Spain. Springer International Publishing DOI 10.1007/978-3-319-18824-9_1 (pp.3-14).
[571] European Monitoring Centre for Drugs and Drug Addiction. (2014). *Drug Policy Profile: Austria.* https://www.emcdda.europa.eu/system/files/publications/777/TDAU14004ENN_469059.pdf
[572] Schumann, S., & Köchl, B. (2015). Austria. In R. Soyer, S. Schumann (Eds.), Treatment versus punishment for drug addiction: Lessons from Austria, Poland, and Spain. Springer International Publishing DOI 10.1007/978-3-319-18824-9_1 (pp.3-14).
[573] Schumann, S., & Köchl, B. (2015). Austria. In R. Soyer, S. Schumann (Eds.), Treatment versus punishment for drug addiction: Lessons from Austria, Poland, and Spain. Springer International Publishing DOI 10.1007/978-3-319-18824-9_1 (pp.3-14).
[574] European Monitoring Centre for Drugs and Drug Addiction. (2014). *Drug Policy Profile: Austria.* https://www.emcdda.europa.eu/system/files/publications/777/TDAU14004ENN_469059.pdf
[575] European Monitoring Centre for Drugs and Drug Addiction. (2019). *Austria: Austria Country Drug Report 2019.* https://www.emcdda.europa.eu/system/files/publications/11357/austria-cdr-2019_0.pdf
[576] Kruithof, K., Davies, M., Disley, E., Strang, L., & Ito, K. (2016). *Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes*. https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf
[577] European Monitoring Centre for Drugs and Drug Addiction. (2019). *Austria: Austria Country Drug Report 2019.* https://www.emcdda.europa.eu/system/files/publications/11357/austria-cdr-2019_0.pdf
[578] European Monitoring Centre for Drugs and Drug Addiction. (2015) *Alternatives to Punishment for Drug-Using Offenders.* https://www.emcdda.europa.eu/system/files/publications/1020/TDAU14007ENN.pdf
[579] European Monitoring Centre for Drugs and Drug Addiction. (2019). *Belgium: Belgium Country Drug Report 2019.* https://www.emcdda.europa.eu/system/files/publications/11345/belgium-cdr-2019_0.pdf
[580] European Monitoring Centre for Drugs and Drug Addiction. (2019). *Belgium: Belgium Country Drug Report 2019.* https://www.emcdda.europa.eu/system/files/publications/11345/belgium-cdr-2019_0.pdf
[581] European Monitoring Centre for Drugs and Drug Addiction. (2019). *Belgium: Belgium Country Drug Report 2019.* https://www.emcdda.europa.eu/system/files/publications/11345/belgium-cdr-2019_0.pdf
[582] European Monitoring Centre for Drugs and Drug Addiction. (2015) *Alternatives to Punishment for Drug-Using Offenders.* https://www.emcdda.europa.eu/system/files/publications/1020/TDAU14007ENN.pdf
[583] Chambers of Justice Specializing in Drug Addiction Extended to the Whole Country. (2021, June 8). RTBF. https://www.rtbf.be/info/societe/detail_les-chambres-de-justice-specialisees-en-toxicomanie-etendues-a-l-ensemble-du-pays?id=10778674
[584] Plettnickx, E., Antoine, J., Gremeaux, L., & Van Oyen, H. (2018). Alternatives to prison for drug offenders in Belgium during the past decade. *International Journal of Law and Psychiatry, 61,* 13-21.
[585] Cartuyvels, Y., Guillain, C., & Slingeneyer, T. (2016). Belgium. In In A. Bernardi (Ed.), *Prison overcrowding and alternatives to detention: European sources and national legal systems.* Jovene Editore (pp. 115-184). https://arpefrance.hypotheses.org/files/2017/05/Prison-overcrowding.pdf
[586] Council of Europe. (2020). *Human rights and people who use drugs in the Mediterranean region: Current situation in 17 MEDNET countries.* https://rm.coe.int/2020-ppg-med-4-human-rights-and-people-who-use-drugs-eng/16809e504d
[587] Van der Gouwe, D., Strada, L., & Kools, J-P. (2020). *Evaluation of the National Strategy on Illicit Substance Dependence and the Harmful Use of Alcohol 2013-2020 of the Republic of Cyprus*. https://www.naac.org.cy/uploads/docs/cabd794df4.pdf
[588] NAAC, Cyprus (2021) Cyprus' National Addictions Strategy 2021-28. https://www.emcdda.europa.eu/drugs-library/naac-cyprus-2021-cyprus-national-addictions-strategy-2021-28_sl
[589] European Monitoring Centre for Drugs and Drug Addiction. (2019). Cyprus, Country Drug Report 2019. https://www.emcdda.europa.eu/system/files/publications/11340/cyprus-cdr-2019_0.pdf

[590] van der Gouwe, D., Strada, L., & Kools, J-P. (2020). *Evaluation of the National Strategy on Illicit Substance Dependence and the Harmful Use of Alcohol 2013-2020 of the Republic of Cyprus*. https://www.naac.org.cy/uploads/docs/cabd794df4.pdf
[591] Kruithof, K., Davies, M., Disley, E., Strang, L., & Ito, K. (2016). *Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes*. https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf
[592] van der Gouwe, D., Strada, L., & Kools, J-P. (2020). *Evaluation of the National Strategy on Illicit Substance Dependence and the Harmful Use of Alcohol 2013-2020 of the Republic of Cyprus*. https://www.naac.org.cy/uploads/docs/cabd794df4.pdf
[593] van der Gouwe, D., Strada, L., & Kools, J-P. (2020). *Evaluation of the National Strategy on Illicit Substance Dependence and the Harmful Use of Alcohol 2013-2020 of the Republic of Cyprus*. https://www.naac.org.cy/uploads/docs/cabd794df4.pdf
[594] European Monitoring Centre for Drugs and Drug Addiction. (2019). *Denmark: Denmark Country Drug Report 2019.* https://www.emcdda.europa.eu/system/files/publications/11330/denmark-cdr-2019_0.pdf
[595] European Monitoring Centre for Drugs and Drug Addiction. (2019). *Denmark: Denmark Country Drug Report 2019.* https://www.emcdda.europa.eu/system/files/publications/11330/denmark-cdr-2019_0.pdf
[596] Lappi-Seppälä, T. (2019). Community sanctions as substitutes to imprisonment in the Nordic countries. *Law and Contemporary Problems, 82*(17), 17-50.
[597] European Monitoring Centre for Drugs and Drug Addiction. (2019). *Denmark: Denmark Country Drug Report 2019.* https://www.emcdda.europa.eu/system/files/publications/11330/denmark-cdr-2019_0.pdf
[598] Lauritsen, A. N. (2019). Crime and crime control in four Nordic island societies: The Faroe Islands, Greenland, Iceland and the Åland Islands: Greenland. https://www.nsfk.org/wp-content/uploads/sites/10/2019/10/Report_Crime-punishment-social-marginalization-and-rehabilitation-in-small-societies.pdf, p. 41.
[599] European Monitoring Centre for Drugs and Drug Addiction. (2019). *Denmark: Denmark Country Drug Report 2019.* https://www.emcdda.europa.eu/system/files/publications/11330/denmark-cdr-2019_0.pdf
[600] Lappi-Seppälä, T. (2019). Community sanctions as substitutes to imprisonment in the Nordic countries. *Law and Contemporary Problems, 82*(17), 17-50.
[601] Lappi-Seppälä, T. (2019). Community sanctions as substitutes to imprisonment in the Nordic countries. *Law and Contemporary Problems, 82*(17), 17-50.
[602] Frank, V. A., & Herold, M. D. (2017). *Exchanging prevention practices on polydrug use among youth in criminal justice systems.* http://eppic-project.co.uk/information/denmark/
[603] European Monitoring Centre for Drugs and Drug Addiction. (2019). *Finland: Finland Country Drug Report 2019.* https://www.emcdda.europa.eu/system/files/publications/11336/finland-cdr-2019_0.pdf
[604] Finnish Institute for Health and Welfare. (n. d.). *Laws and Policies*. https://thl.fi/en/web/alcohol-tobacco-and-addictions/drugs/drug-policy/laws-and-policies
[605] European Monitoring Centre for Drugs and Drug Addiction. (2015) *Alternatives to punishment for drug-using offenders*. https://www.emcdda.europa.eu/system/files/publications/1020/TDAU14007ENN.pdf
[606] Ekunwe, I.O., Jones, R.S., & Mullin, K. (2010). Public attitudes toward crime and incarceration in Finland. *The Jackson State University Researcher, 23*(1), 1-21.
[607] Ekunwe, I.O., Jones, R.S., & Mullin, K. (2010). Public attitudes toward crime and incarceration in Finland. *The Jackson State University Researcher, 23*(1), 1-21.
[608] Ekunwe, I.O., Jones, R.S., & Mullin, K. (2010). Public attitudes toward crime and incarceration in Finland. *The Jackson State University Researcher, 23*(1), 1-21.
[609] Finnish Institute for Health and Welfare. (2020, October 23). *Substance abuse treatment.* https://thl.fi/en/web/alcohol-tobacco-and-addictions/substance-abuse-treatment
[610] European Monitoring Centre for Drugs and Drug Addiction. (2019). *Finland: Finland Country Drug Report 2019.* https://www.emcdda.europa.eu/system/files/publications/11336/finland-cdr-2019_0.pdf
[611] European Monitoring Centre for Drugs and Drug Addiction. (2019). *Finland: Finland Country Drug Report 2019.* https://www.emcdda.europa.eu/system/files/publications/11336/finland-cdr-2019_0.pdf

[612] European Monitoring Centre for Drugs and Drug Addiction. (2019). *Finland: Finland Country Drug Report 2019.* https://www.emcdda.europa.eu/system/files/publications/11336/finland-cdr-2019_0.pdf
[613] Lappi-Seppälä, T. (2019). Community sanctions as substitutes to imprisonment in the Nordic countries. *Law and Contemporary Problems, 82*(17), 17-50.
[614] Lappi-Seppälä, T. (2019). Community sanctions as substitutes to imprisonment in the Nordic countries. *Law and Contemporary Problems, 82*(17), 17-50.
[615] European Monitoring Centre for Drugs and Drug Addiction. (2015) *Alternatives to punishment for drug-using offenders*. https://www.emcdda.europa.eu/system/files/publications/1020/TDAU14007ENN.pdf
[616] Lappi-Seppälä, T. (2019). Community sanctions as substitutes to imprisonment in the Nordic countries. *Law and Contemporary Problems, 82*(17), 17-50.
[617] MILDECA (2021). *Use*. https://www.drogues.gouv.fr/ce-que-dit-la-loi/en-matiere-stupefiant/usage
[618] MILDECA (2021). *Use*. https://www.drogues.gouv.fr/ce-que-dit-la-loi/en-matiere-stupefiant/usage
[619] European Monitoring Centre for Drugs and Drug Addiction. (2019). *France: France Country Drug Report 2019.* https://www.emcdda.europa.eu/system/files/publications/11335/france-cdr-2019_0.pdf
[620] European Monitoring Centre for Drugs and Drug Addiction. (2019). *France: France Country Drug Report 2019.* https://www.emcdda.europa.eu/system/files/publications/11335/france-cdr-2019_0.pdf
[621] European Monitoring Centre for Drugs and Drug Addiction. (2019). *France: France Country Drug Report 2019.* https://www.emcdda.europa.eu/system/files/publications/11335/france-cdr-2019_0.pdf
[622] Council of Europe. (2020). *Human rights and people who use drugs in the Mediterranean region: Current situation in 17 MEDNET countries.* https://rm.coe.int/2020-ppg-med-4-human-rights-and-people-who-use-drugs-eng/16809e504d
[623] European Monitoring Centre for Drugs and Drug Addiction. (2019). *France: France Country Drug Report 2019.* https://www.emcdda.europa.eu/system/files/publications/11335/france-cdr-2019_0.pdf
[624] European Monitoring Centre for Drugs and Drug Addiction. (2019). *France: France Country Drug Report 2019.* https://www.emcdda.europa.eu/system/files/publications/11335/france-cdr-2019_0.pdf
[625] Alix, J., Giudicelli-Delage, G., Mauro, C., Parizot, R., & Tricot, J. (2016). France. In A. Bernardi (Ed.), *Prison overcrowding and alternatives to detention: European sources and national legal systems.* Jovene Editore (pp. 185-236). https://arpefrance.hypotheses.org/files/2017/05/Prison-overcrowding.pdf
[626] European Monitoring Centre for Drugs and Drug Addiction. (2015) *Alternatives to Punishment for Drug-Using Offenders.* https://www.emcdda.europa.eu/system/files/publications/1020/TDAU14007ENN.pdf
[627] European Monitoring Centre for Drugs and Drug Addiction. (2015) *Alternatives to Punishment for Drug-Using Offenders.* https://www.emcdda.europa.eu/system/files/publications/1020/TDAU14007ENN.pdf
[628] European Monitoring Centre for Drugs and Drug Addiction. (2015) *Alternatives to Punishment for Drug-Using Offenders.* https://www.emcdda.europa.eu/system/files/publications/1020/TDAU14007ENN.pdf
[629] European Monitoring Centre on Drugs and Drug Addiction. (2019). *Germany: Germany Country Drug Report 2019*. https://www.emcdda.europa.eu/system/files/publications/11334/germany-cdr-2019_0.pdf
[630] European Monitoring Centre on Drugs and Drug Addiction. (2019). *Germany: Germany Country Drug Report 2019*. https://www.emcdda.europa.eu/system/files/publications/11334/germany-cdr-2019_0.pdf
[631] European Monitoring Centre on Drugs and Drug Addiction. (2019). *Germany: Germany Country Drug Report 2019*. https://www.emcdda.europa.eu/system/files/publications/11334/germany-cdr-2019_0.pdf
[632] European Monitoring Centre on Drugs and Drug Addiction. (2019). *Germany: Germany Country Drug Report 2019*. https://www.emcdda.europa.eu/system/files/publications/11334/germany-cdr-2019_0.pdf
[633] Birkel, C., Church, D., Hummelsheim-Doss, D., Leitgöb-Guzy, N., & Oberwittler, D. (2019). *The 2017 German victimisation survey.* https://pure.mpg.de/rest/items/item_3178216_4/component/file_3178217/content
[634] European Monitoring Centre on Drugs and Drug Addiction. (2019). *Germany: Germany Country Drug Report 2019*. https://www.emcdda.europa.eu/system/files/publications/11334/germany-cdr-2019_0.pdf

[635] Hoegen, M. (2006). Germany's battle against drug addiction. *DW.com.* https://p.dw.com/p/8SGI
[636] European Monitoring Centre on Drugs and Drug Addiction. (2019). *Germany: Germany Country Drug Report 2019*. https://www.emcdda.europa.eu/system/files/publications/11334/germany-cdr-2019_0.pdf
[637] European Monitoring Centre on Drugs and Drug Addiction. (2019). *Germany: Germany Country Drug Report 2019*. https://www.emcdda.europa.eu/system/files/publications/11334/germany-cdr-2019_0.pdf
[638] European Monitoring Centre for Drugs and Drug Addiction. (2015) *Alternatives to punishment for drug-using offenders*. https://www.emcdda.europa.eu/system/files/publications/1020/TDAU14007ENN.pdf
[639] European Monitoring Centre for Drugs and Drug Addiction. (2015) *Alternatives to punishment for drug-using offenders*. https://www.emcdda.europa.eu/system/files/publications/1020/TDAU14007ENN.pdf
[640] European Monitoring Centre for Drugs and Drug Addiction. (2015) *Alternatives to punishment for drug-using offenders*. https://www.emcdda.europa.eu/system/files/publications/1020/TDAU14007ENN.pdf
[641] Koulouris, N. K., Aloskofis, W., Vidali, S., Koros, D., & Spyrea, S. (2015). *Alternatives to prison in Europe: Greece.* https://www.academia.edu/38060883/ALTERNATIVES_TO_PRISON_IN_EUROPE_Greece_European_Prison_Observatory
[642] European Monitoring Centre for Drugs and Drug Addiction. (2019). *Greece: Greece country drug report 2019.* https://www.emcdda.europa.eu/system/files/publications/11333/greece-cdr-2019_3.pdf
[643] Fotopoulou, M., Munro, A., & Taylor, A. (2015). 'Allowing the right' and its currency in managing drug stigma in Greece. *International Journal of Drug Policy, 26,* 723-730.
[644] European Monitoring Centre for Drugs and Drug Addiction. (2019). *Greece: Greece country drug report 2019.* https://www.emcdda.europa.eu/system/files/publications/11333/greece-cdr-2019_3.pdf
[645] European Monitoring Centre for Drugs and Drug Addiction. (2019). *Greece: Greece country drug report 2019.* https://www.emcdda.europa.eu/system/files/publications/11333/greece-cdr-2019_3.pdf
[646] European Monitoring Centre for Drugs and Drug Addiction. (2019). *Greece: Greece country drug report 2019.* https://www.emcdda.europa.eu/system/files/publications/11333/greece-cdr-2019_3.pdf
[647] European Monitoring Centre for Drugs and Drug Addiction. (2019). *Greece: Greece country drug report 2019.* https://www.emcdda.europa.eu/system/files/publications/11333/greece-cdr-2019_3.pdf
[648] Koulouris, N. K., Aloskofis, W., Vidali, S., Koros, D., & Spyrea, S. (2015). *Alternatives to Prison in Europe: Greece.* European_Prison_Observatory. http://www.prisonobservatory.org/alternatives/ALTERNATIVES%20TO%20PRISON%20IN%20EUROPE.%20GREECE.pdf
[649] Koulouris, N. K., Aloskofis, W., Vidali, S., Koros, D., & Spyrea, S. (2015). *Alternatives to Prison in Europe: Greece.* European_Prison_Observatory. http://www.prisonobservatory.org/alternatives/ALTERNATIVES%20TO%20PRISON%20IN%20EUROPE.%20GREECE.pdf
[650] Fotopoulou, M., Munro, A., & Taylor, A. (2015). 'Allowing the right' and its currency in managing drug stigma in Greece. *International Journal of Drug Policy, 26,* 723-730.
[651] *The Greenland Criminal Code.* (1970). (The Center for Studies in Criminal Justice University of Chicago Law School, Trans.) Fred B. Rothman & Co. https://heinonline-org.ez.lib.jjay.cuny.edu/HOL/Page?collection=intyb&handle=hein.intyb/grnlcc0001&id=3&men_tab=srchresults p. 36-37
[652] Lauritsen, A. N. (2019). *Crime and Crime Control in Four Nordic Island Societies: The Faroe Islands, Greenland, Iceland and the Åland Islands: Greenland.* https://www.nsfk.org/wp-content/uploads/sites/10/2019/10/Report_Crime-punishment-social-marginalization-and-rehabilitation-in-small-societies.pdf p. 40
[653] Bjerregaard, P., Larsen, C. V. L., Sørensen, I. K., & Tolstrup, J. S. (2020). Alcohol in Greenland 1950-2018: Consumption, drinking patterns, and consequences. *International Journal of Circumpolar Health, 79*(1), p. 9
[654] Bjerregaard, P., Larsen, C. V. L., Sørensen, I. K., & Tolstrup, J. S. (2020). Alcohol in Greenland 1950-2018: Consumption, drinking patterns, and consequences. *International Journal of Circumpolar Health, 79*(1), p. 10
[655] Lauritsen, A. N. (2019). *Crime and Crime Control in Four Nordic Island Societies: The Faroe Islands, Greenland, Iceland and the Åland Islands: Greenland.* https://www.nsfk.org/wp-content/uploads/sites/10/2019/10/Report_Crime-punishment-social-marginalization-and-rehabilitation-in-small-societies.pdf p. 39

[656] BBC News. (2021, April 29). *Greenland Profile*. https://www.bbc.com/news/world-europe-18249474
[657] Bjerregaard, P., Larsen, C. V. L., Sørensen, I. K., & Tolstrup, J. S. (2020). Alcohol in Greenland 1950-2018: Consumption, drinking patterns, and consequences. *International Journal of Circumpolar Health, 79*(1), p. 1
[658] Behlk, R. (2021, February 22). *The Prevalence of Suicide in Greenland.* The Borgen Project. https://borgenproject.org/suicide-in-greenland/
[659] Leth, S.V., Bjerrum, M. L., & Niclasen, B. V. (2021). Polysubstance abuse among sexually abused in alcohol, drug, and gambling addiction treatment in Greenland: A cross sectional study. *International Journal of Circumpolar Health, 80*(1), 1-9. https://doi.org/10.1080/22423982.2020.1849909
[660] Bjerregaard, P., Larsen, C. V. L., Sørensen, I. K., & Tolstrup, J. S. (2020). Alcohol in Greenland 1950-2018: Consumption, drinking patterns, and consequences. *International Journal of Circumpolar Health, 79*(1), p. 8
[661] Government of Iceland. (2011). *Narcotics Act of 1974*. https://www.government.is/library/Files/Narcotics%20Act_65_1974.pdf
[662] ISSUP. (n.d.). *Iceland.* https://www.issup.net/knowledge-share/country-profiles/iceland
[663] ISSUP. (n.d.). *Iceland.* https://www.issup.net/knowledge-share/country-profiles/iceland
[664] ISSUP. (n.d.). *Iceland.* https://www.issup.net/knowledge-share/country-profiles/iceland
[665] Pétursson, H. M. (2021). Plans to legalize the consumption of drug doses in a consultation portal. *Visir.is.* https://www.visir.is/g/20212062775d/aform-um-logleidingu-neysluskammta-fikniefna-i-samradsgatt
[666] Pétursson, H. M. (2021). Plans to legalize the consumption of drug doses in a consultation portal. *Visir.is.* https://www.visir.is/g/20212062775d/aform-um-logleidingu-neysluskammta-fikniefna-i-samradsgatt
[667] World Health Organization. (2010). *Atlas of Substance Use Disorders: Country Profile: Iceland.* https://www.who.int/substance_abuse/publications/atlas_report/profiles/iceland.pdf?ua=1
[668] World Health Organization. (2010). *Atlas of Substance Use Disorders: Country Profile: Iceland.* https://www.who.int/substance_abuse/publications/atlas_report/profiles/iceland.pdf?ua=1
[669] SÁÁ. (n. d.). National Center of Addiction Medicine. https://saa.is/english/about /
[670] ISSUP. (n.d.). *Iceland.* https://www.issup.net/knowledge-share/country-profiles/iceland
[671] World Health Organization. (2010). *Atlas of Substance Use Disorders: Country Profile: Iceland.* https://www.who.int/substance_abuse/publications/atlas_report/profiles/iceland.pdf?ua=1
[672] European Monitoring Centre for Drugs and Drug Addiction. (2019). *Ireland: Ireland Country Drug Report 2019.* https://www.emcdda.europa.eu/publications/country-drug-reports/2019/ireland_en
[673] European Monitoring Centre for Drugs and Drug Addiction. (2019). *Ireland: Ireland Country Drug Report 2019.* https://www.emcdda.europa.eu/publications/country-drug-reports/2019/ireland_en
[674] Guilfoyle, E. (2017). What exactly is a Community Service Order in Ireland? *Irish Probation Journal, 14*, 189-205. http://www.probation.ie/EN/PB/0/26A0CD9C2498EEF1802581D30045BB6D/$File/EoinGuilfoyle_IPJ.pdf
[675] Department of Justice. (n.d.) *Drugs: National Drugs Strategy.* http://www.justice.ie/en/JELR/Pages/WP15000125
[676] Drugnet Ireland. (2017). *New National Drug and Alcohol Strategy Launched.* https://www.drugsandalcohol.ie/28226/1/Drugnet_63_web.pdf
[677] Drugnet Ireland. (2017). *New National Drug and Alcohol Strategy Launched.* https://www.drugsandalcohol.ie/28226/1/Drugnet_63_web.pdf
[678] Drugnet Ireland. (2017). *New National Drug and Alcohol Strategy Launched.* https://www.drugsandalcohol.ie/28226/1/Drugnet_63_web.pdf
[679] Drugnet Ireland. (2017). *New National Drug and Alcohol Strategy Launched.* https://www.drugsandalcohol.ie/28226/1/Drugnet_63_web.pdf
[680] European Monitoring Centre for Drugs and Drug Addiction. (2019). *Ireland: Ireland Country Drug Report 2019.* https://www.emcdda.europa.eu/publications/country-drug-reports/2019/ireland_en
[681] PCI College. (2021). MSc Addiction Counselling & Psychotherapy. http://www.pcicollege.ie/master-addiction-counselling
[682] Maynooth University. (2021). Certificate in Addiction Studies. https://www.maynoothuniversity.ie/study-maynooth/undergraduate-studies/courses/certificate-addiction-studies

[683] European Monitoring Centre for Drugs and Drug Addiction. (2015) *Alternatives to punishment for drug-using offenders.* https://www.emcdda.europa.eu/system/files/publications/1020/TDAU14007ENN.pdf
[684] European Monitoring Centre for Drugs and Drug Addiction. (2019). *Ireland: Ireland Country Drug Report 2019.* https://www.emcdda.europa.eu/publications/country-drug-reports/2019/ireland_en
[685] Graziani, F. (2018). Prison overcrowding in Italy: The never ending story? *Romanian Journal of Sociological Studies*, 1, 53-68. https://journalofsociology.ro/wp-content/uploads/2018/09/06-Francesca.pdf
[686] Reuters (2014, February 12). Italy court strikes down drug law blamed for prison crowding. *Thompson Reuters.* : https://www.reuters.com/article/us-italy-drugs-law/italy-court-strikes-down-drug-law-blamed-for-prison-crowding-idUSBREA1B1FF20140212
[687] European Monitoring Centre for Drugs and Drug Addiction (13th May 2019). Penalties for drug law offences in Europe at a glance. https://www.emcdda.europa.eu/publications/topic-overviews/content/drug-law-penalties-at-a-glance_en
[688] European Monitoring Centre for Drugs and Drug Addiction (2017). *Italy Country Drug Report 2017* https://www.emcdda.europa.eu/system/files/publications/4519/TD0616150ENN.pdf. Page 4.
[689] European Monitoring Centre for Drugs and Drug Addiction (2015). *Alternatives to punishment for drug-using offenders*. https://www.emcdda.europa.eu/attachements.cfm/att_240836_EN_TDAU14007ENN.pdf Page 7.
[690] European Monitoring Centre for Drugs and Drug Addiction (2017). *Italy Country Drug Report 2017* https://www.emcdda.europa.eu/system/files/publications/4519/TD0616150ENN.pdf
[691] European Monitoring Centre for Drugs and Drug Addiction (2019). *Italy Country Drug Report 2019* *https://www.emcdda.europa.eu/system/files/publications/11329/italy-cdr-2019_0.pdf*
[692] European Monitoring Centre for Drugs and Drug Addiction (2017). *Italy Country Drug Report 2017* https://www.emcdda.europa.eu/system/files/publications/4519/TD0616150ENN.pdf Page 2.
[693] NIH (2011, August 24). NIDA, Italian officials agree to cooperate on drug abuse research and training. https://archives.drugabuse.gov/international/nida-italian-officials-agree-to-cooperate-drug-abuse-research-training
[694] Carchedi, F. (2019, December 6). Ten years without a National Conference on drug policy in Italy: The demand for change is led by society. *TalkingDrugs.* https://www.talkingdrugs.org/ten-years-without-a-national-conference-on-drug-policy-in-italy-the-demand-for-change-is-led-by
[695] European Monitoring Centre for Drugs and Drug Addiction (2017). *Italy Country Drug Report 2017* https://www.emcdda.europa.eu/system/files/publications/4519/TD0616150ENN.pdf Page 12.
[695] Ministerio degli Affari Esteri e della Cooperazione Internazionale (5/30/2012). Cooperation: fighting drug addiction – training and education in the Maghreb. https://www.esteri.it/mae/en/sala_stampa/archivionotizie/approfondimenti/20120530_drogmagreb.html
[696] Ministerio degli Affari Esteri e della Cooperazione Internazionale (5/30/2012). Cooperation: fighting drug addiction – training and education in the Maghreb. https://www.esteri.it/mae/en/sala_stampa/archivionotizie/approfondimenti/20120530_drogmagreb.html
[697] European Monitoring Centre for Drugs and Drug Addiction (2017). *Italy Country Drug Report 2017* https://www.emcdda.europa.eu/system/files/publications/4519/TD0616150ENN.pdf p. 4.
[698] European Monitoring Centre for Drugs and Drug Addiction (2017). *Italy Country Drug Report 2017* https://www.emcdda.europa.eu/system/files/publications/4519/TD0616150ENN.pdf p. 4.
[699] European Monitoring Centre for Drugs and Drug Addiction (2017). *Italy Country Drug Report 2017* https://www.emcdda.europa.eu/system/files/publications/4519/TD0616150ENN.pdf p. 13.
[700] Uchtenhagen, A., Schaaf, S., Bock, I., Frick, U., Grichting E., & Bollinger, H. (2006). *QCT Europe Quasi-compulsory and compulsory treatment of drug dependent offenders in Europe. Final report on quantitative evaluation.* Research Institute for Public Health and Addiction at Zurich University. file:///C:/Users/Owner/AppData/Local/Temp/98071b1-quantitative-report_tcm28-74763.pdf
[701] WHO & UNODC. (2020) *International standards for the treatment of drug use disorders*. https://www.who.int/publications/i/item/international-standards-for-the-treatment-of-drug-use-disorders, p. 10.

[702] Liechtensteinisches Landesgesetzblatt (1983, April 20). über die Betäubungsmittel und die psychotropen Stoffe. https://www.gesetze.li/konso/pdf/1983038000%20
[703] Liechtensteinisches Landesgesetzblatt (1983, April 20). über die Betäubungsmittel und die psychotropen Stoffe. https://www.gesetze.li/konso/pdf/1983038000%20
[704] Liechtensteinisches Landesgesetzblatt (1983, April 20). über die Betäubungsmittel und die psychotropen Stoffe. :https://www.gesetze.li/konso/pdf/1983038000%20
[705] Liechtensteinisches Landesgesetzblatt (1983, April 20). über die Betäubungsmittel und die psychotropen Stoffe. https://www.gesetze.li/konso/pdf/1983038000%20
[706] Liechtensteinisches Landesgesetzblatt (1983, April 20). über die Betäubungsmittel und die psychotropen Stoffe. https://www.gesetze.li/konso/pdf/1983038000%20
[707] Liechtensteinisches Landesgesetzblatt (1983, April 20). über die Betäubungsmittel und die psychotropen Stoffe. https://www.gesetze.li/konso/pdf/1983038000%20
[708] US Department of State (2012). Liechtenstein 2012 human rights report. https://www.justice.gov/sites/default/files/pages/attachments/2016/01/27/dos-hrr_2012_liechtenstein.pdf
[709] US Department of State (2012). Liechtenstein 2012 human rights report. https://www.justice.gov/sites/default/files/pages/attachments/2016/01/27/dos-hrr_2012_liechtenstein.pdf
[710] Movendi International (2020, April 7). *Lichtenstein: New Strategy paper to tackle Addiction.* https://movendi.ngo/news/2020/04/07/lichtenstein-new-strategy-paper-to-tackle-addiction/
[711] Movendi International (2020, April 7). *Lichtenstein: New Strategy paper to tackle Addiction.* https://movendi.ngo/news/2020/04/07/lichtenstein-new-strategy-paper-to-tackle-addiction/
[712] Komission Fur Suchtfragen (23rd March 2020). *Suchtpolitische Grundsätze der Regierung des Fürstentums Liechtenstein.* https://www.llv.li/files/asd/suchtpolitische-grundsatze-2020.pdf
[713] Europahaus. (September 2017). *9. Europäische Konferenz zur Gesundheits- förderung in Haft*. http://www.gesundinhaft.eu/wp-content/uploads/DokuWien2018.pdf
[714] Europahaus. (September 2017). *9. Europäische Konferenz zur Gesundheits- förderung in Haft*. http://www.gesundinhaft.eu/wp-content/uploads/DokuWien2018.pdf
[715] Europahaus. (September 2017). *9. Europäische Konferenz zur Gesundheits- förderung in Haft*. http://www.gesundinhaft.eu/wp-content/uploads/DokuWien2018.pdf
[716] Europahaus. (September 2017). *9. Europäische Konferenz zur Gesundheits- förderung in Haft*. http://www.gesundinhaft.eu/wp-content/uploads/DokuWien2018.pdf
[717] US Department of State (2012). Liechtenstein 2012 Human Rights Report. https://www.justice.gov/sites/default/files/pages/attachments/2016/01/27/dos-hrr_2012_liechtenstein.pdf
[718] Liechtensteinisches Landesgesetzblatt (1983, April 20). über die Betäubungsmittel und die psychotropen Stoffe. https://www.gesetze.li/konso/pdf/1983038000%20
[719] World Prison Brief (2020, April 15). *World Prison Brief data. https://www.prisonstudies.org/country/liechtenstein*
[720]National Preventative Mechanisms (NPMs). (2019). *2018 Annual report of the Leichtenstein National Prevention Mechanism pursuant to Art. 17 et Seqq of the Optional Protocol to the Convention against Torture and other Cruel, Inhumane or Degrading Treatment or Punishment*. https://atlas-of-torture.org/entity/3ldvovxy7gg?page=1
[721] Movendi International (2020, April 7). *Lichtenstein: New strategy paper to tackle addiction.* https://movendi.ngo/news/2020/04/07/lichtenstein-new-strategy-paper-to-tackle-addiction/

[722] European Monitoring Centre for Drugs and Drug Addiction (2017). *Luxembourg country drug report 2017.* https://www.emcdda.europa.eu/system/files/publications/4517/TD0616153ENN.pdf
[723] European Monitoring Centre for Drugs and Drug Addiction (2017). *Luxembourg country drug report 2017.* https://www.emcdda.europa.eu/system/files/publications/4517/TD0616153ENN.pdf
[724] European Monitoring Centre for Drugs and Drug Addiction (2017). *Luxembourg country drug report 2017.* https://www.emcdda.europa.eu/system/files/publications/4517/TD0616153ENN.pdf
[725] European Monitoring Centre for Drugs and Drug Addiction (2017). *Luxembourg country drug report 2017.* https://www.emcdda.europa.eu/system/files/publications/4517/TD0616153ENN.pdf
[726] EU Directorate-General Communication (July 2011). *Youth attitudes on drugs*. https://europa.eu/eurobarometer/surveys/detail/1006
[727] European Monitoring Centre for Drugs and Drug Addiction (2017). *Luxembourg country drug report 2017.* https://www.emcdda.europa.eu/system/files/publications/4517/TD0616153ENN.pdf
[728] European Monitoring Centre for Drugs and Drug Addiction (2017). *Luxembourg country drug report 2017.* https://www.emcdda.europa.eu/system/files/publications/4517/TD0616153ENN.pdf
[729] European Monitoring Centre for Drugs and Drug Addiction (2017). *Luxembourg country drug report 2017.* https://www.emcdda.europa.eu/system/files/publications/4517/TD0616153ENN.pdf
[730] Kruithof, K., Davies, M., Disley, E., Strang, L. & Ito, K. (2016). *Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes*. European Commission. https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf
[731] European Monitoring Centre for Drugs and Drug Addiction (2017). *Luxembourg country drug report 2017.* https://www.emcdda.europa.eu/system/files/publications/4517/TD0616153ENN.pdf
[732] US Department of State (2017). *Luxembourg 2017 human rights report.* https://www.state.gov/wp-content/uploads/2019/01/Luxembourg.pdf
[733] European Monitoring Centre for Drugs and Drug Addiction (2017). *Luxembourg country drug report 2017.* https://www.emcdda.europa.eu/system/files/publications/4517/TD0616153ENN.pdf
[734] EMCDDA (2019, May 13). *Penalties for drug law offences in Europe at a glance*. European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/publications/topic-overviews/content/drug-law-penalties-at-a-glance_en#section5
[735] Malta National Focal Point on Drugs and Drug Addiction (2019). National Report on the Drug Situation in Malta 2019. https://family.gov.mt/en/Documents/EN%20Drug%20Report%202019.pdf
[736] EMCDDA (2019). *Malta Country Drug Report 2019.* European Monitoring Center for Drugs and Drug Addiction. *https://www.emcdda.europa.eu/system/files/publications/11328/malta-cdr-2019.pdf*
[737] EMCDDA (2019). *Malta Country Drug Report 2019.* European Monitoring Center for Drugs and Drug Addiction.: *https://www.emcdda.europa.eu/system/files/publications/11328/malta-cdr-2019.pdf*
[738] EU Directorate-General Communication (July 2011). *Youth Attitudes on drugs.* Retrieved from: https://ec.europa.eu/commfrontoffice/publicopinion/flash/fl_330_en.pdf
[739] EMCDDA (2019). *Malta Country Drug Report 2019.* European Monitoring Center for Drugs and Drug Addiction. *https://www.emcdda.europa.eu/system/files/publications/11328/malta-cdr-2019.pdf*
[740] EMCDDA (2019). *Malta Country Drug Report 2019.* European Monitoring Center for Drugs and Drug Addiction. *https://www.emcdda.europa.eu/system/files/publications/11328/malta-cdr-2019.pdf*
[741] EMCDDA (2019). *Malta Country Drug Report 2019.* European Monitoring Center for Drugs and Drug Addiction. *https://www.emcdda.europa.eu/system/files/publications/11328/malta-cdr-2019.pdf*
[742] EMCDDA (2019). *Malta Country Drug Report 2019.* European Monitoring Center for Drugs and Drug Addiction. *https://www.emcdda.europa.eu/system/files/publications/11328/malta-cdr-2019.pdf*

[743] EMCDDA (2019). *Malta Country Drug Report 2019.* European Monitoring Center for Drugs and Drug Addiction. *https://www.emcdda.europa.eu/system/files/publications/11328/malta-cdr-2019.pdf*
[744] Azzopardi, K. (2021, February 7). Mandatory jail sentences making Malta's drug problem worse - criminologist. *Malta Today.* https://www.maltatoday.com.mt/news/national/107543/mandatory_jail_sentences_making_maltas_drug_problem_worse__criminologist#.YDwIMi1h3BU
[745] Malta National Focal Point on Drugs and Drug Addiction (2019). National Report on the Drug Situation in Malta 2019. https://family.gov.mt/en/Documents/EN%20Drug%20Report%202019.pdf
[746] EMCDDA (2019). *Malta Country Drug Report 2019.* European Monitoring Center for Drugs and Drug Addiction. *https://www.emcdda.europa.eu/system/files/publications/11328/malta-cdr-2019.pdf*
[747] Monaco government. *Database of Legislation-Monaco: Loi No. 890 du 1er juillet 1970 sur les Stupéfiants.* UNODC Sherloc database. https://sherloc.unodc.org/cld/legislation/mco/loi_no._890_du_1er_juilllet_1970_sur_les_stupefiants/articles_2-7/loi_no._890.html?lng=en
[748] Monaco Government. *Database of Legislation-Monaco: Loi No. 890 du 1er juillet 1970 sur les Stupéfiants.* UNODC Sherloc database. https://sherloc.unodc.org/cld/legislation/mco/loi_no._890_du_1er_juilllet_1970_sur_les_stupefiants/articles_2-7/loi_no._890.html?lng=en
[749] Gouvernement Princier (2021). *Justice.* Gouvernement Princier Principauté de Monaco. https://en.gouv.mc/Government-Institutions/Institutions/Justice
[750] Hello Monaco (2018, November 1). *Drugs and dishonesty take their toll: Not to mention jail and stiff fines.* https://www.hellomonaco.com/officially/law-order/drugs-and-dishonesty-take-their-toll-not-to-mention-jail-and-stiff-fines/
[751] Gouvernement Princier. *Ordonnance n. 3.782 du 16/05/2012 portant organisation de l'administration pénitentiaire et de la détention.* Légimonaco, codes et lois Monégasques. https://www.legimonaco.mc/305/legismclois.nsf/ViewTNC/AAC0BF1E74F19CC3C1257A240031CA9D!OpenDocument
[752] Monaco Government. *Database of Legislation-Monaco: Loi No. 890 du 1er juillet 1970 sur les Stupéfiants.* UNODC Sherloc database. https://sherloc.unodc.org/cld/legislation/mco/loi_no._890_du_1er_juilllet_1970_sur_les_stupefiants/articles_2-7/loi_no._890.html?lng=en
[753] Gouvernement Princier. *Ordonnance n. 3.782 du 16/05/2012 portant organisation de l'administration pénitentiaire et de la détention.* Légimonaco, codes et lois Monégasques. https://www.legimonaco.mc/305/legismclois.nsf/ViewTNC/AAC0BF1E74F19CC3C1257A240031CA9D!OpenDocument
[754] EMCDDA (2019, May 13). *Penalties for drug law offences in Europe at a glance.* European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/publications/topic-overviews/content/drug-law-penalties-at-a-glance_en#section5
[755] EMCDDA (2019, May 13). *Penalties for drug law offences in Europe at a glance.* European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/publications/topic-overviews/content/drug-law-penalties-at-a-glance_en#section5
[756] EMCDDA (2017). *Netherlands: Country drug report 2017.* European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/system/files/publications/4512/TD0616155ENN.pdf
[757] EMCDDA (2017). *Netherlands: Country drug report 2017.* European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/system/files/publications/4512/TD0616155ENN.pdf
[758] Library of Congress (2020, December 30). Decriminalization of narcotics: Netherlands. https://www.loc.gov/law/help/decriminalization-of-narcotics/netherlands.php
[759] Jones, R., Wyn Jones, R., Pritchard, H. and Nicholas, L. (2019). International evidence on driving down imprisonment rates: What Wales could be? Wales Governance Centre, Cardiff University. https://www.cardiff.ac.uk/__data/assets/pdf_file/0015/1701402/International-Evidence-on-Driving-Down-Imprisonment-Rates.pdf
[760] Jones, R., Wyn Jones, R., Pritchard, H. and Nicholas, L. (2019). International evidence on driving down imprisonment rates: What Wales could be? Wales Governance Centre, Cardiff University. https://www.cardiff.ac.uk/__data/assets/pdf_file/0015/1701402/International-Evidence-on-Driving-Down-Imprisonment-Rates.pdf
[761] EU Directorate-General Communication (July 2011). *Youth attitudes on drugs.* https://europa.eu/eurobarometer/surveys/detail/1006
[762] Wassenaar, M., Gradus, R., & Molleman, T. (2018). Are nonprofit prisons an alternative?: Some experiences in the Netherlands. *Nonprofit Management & Leadership, 28*(4), 529–537.

[763] Wassenaar, M., Gradus, R., & Molleman, T. (2018). Are nonprofit prisons an alternative?: Some experiences in the Netherlands. *Nonprofit Management & Leadership, 28*(4), 529–537.
[764] Government of the Netherlands (n.d). Drug use and addiction care. https://www.government.nl/topics/drugs/drug-use-and-addiction-care
[765] Government of the Netherlands (n.d). Drug use and addiction care. https://www.government.nl/topics/drugs/drug-use-and-addiction-care
[766] Government of the Netherlands (n.d). Drug use and addiction care. https://www.government.nl/topics/drugs/drug-use-and-addiction-care
[767] Grund, J-P. C. & Breeksema. J.J. (2017). Drug policy in the Netherlands. In R. Colson & H. Bergeron (Eds.) *European drug policies: The way of reform,* Routledge, pp. 128-148.
[768] Batist, D. (2019, May 13). How the Dutch are closing their prisons. US.News.com. https://www.usnews.com/news/best-countries/articles/2019-05-13/the-netherlands-is-closing-its-prisons
[769] EMCDDA (2019, May 13). *Penalties for drug law offences in Europe at a glance.* European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/publications/topic-overviews/content/drug-law-penalties-at-a-glance_en#section5
[770] Aarten, P., Denkers, A., Borgers, M., & van der Laan, P. (2014). Suspending re-offending? Comparing the effects of suspended prison sentences and short-term imprisonment on recidivism in the Netherlands. *European Journal of Criminology, 11*(6), 702–722.
[771] Library of Congress (2020, December 30). Decriminalization of Narcotics: Netherlands. https://www.loc.gov/law/help/decriminalization-of-narcotics/netherlands.php
[772] Batist, D. (2019, May 13). How the Dutch are closing their prisons. US.News.com. https://www.usnews.com/news/best-countries/articles/2019-05-13/the-netherlands-is-closing-its-prisons
[773] Boone, M, van der Kooij, M., & Rap, S. (2017). *The highly integrative approach of electronic monitoring in the Netherlands. European Journal of Probation, 9*(1), 46-61.
[774] European Monitoring Centre for Drugs and Drug Addiction. (2019). *Norway: Norway Country Drug Report 2019.* emcdda.europa.eu/system/files/publications/11348/norway-cdr-2019_0.pdf
[775] Seim, I. (2018). The Norwegian drug court model—An alternative to incarceration for criminal drug addicts. *Federal Sentencing Reporter, 31*(1), 21-27.
[776] European Monitoring Centre for Drugs and Drug Addiction. (2019). *Norway: Norway Country Drug Report 2019.* https://www.emcdda.europa.eu/system/files/publications/11348/norway-cdr-2019_0.pdf
[777] Ministry of Health and Care Services. (2021, February 2). *Help, not punishment for drug use.* https://www.regjeringen.no/en/aktuelt/help-not-punishment-for-drug-use/id2835347/#:~:text=The%20Norwegian%20Government%20proposes%20that,punishable%20as%20a%20criminal%20offence.&text=The%20government%20submitted%20a%20proposal,amendment%20to%20the%20penal%20code.
[778] Vederhus, J-K., Clausen, T., & Humphreys, K. (2016). Assessing understandings of substance use disorders among Norwegian treatment professionals, patients and the general public. *BMC Health Services Research, 16*(52). https://bmchealthservres.biomedcentral.com/track/pdf/10.1186%2Fs12913-016-1306-9.pdf
[779] European Monitoring Centre for Drugs and Drug Addiction. (2019). *Norway: Norway Country Drug Report 2019.* https://www.emcdda.europa.eu/system/files/publications/11348/norway-cdr-2019_0.pdf
[780] World Health Organization. (2010). *Atlas of Substance Use Disorders: Country Profile: Norway.* https://www.who.int/substance_abuse/publications/atlas_report/profiles/norway.pdf?ua=1
[781] Ministry of Health and Care Services. (2021, February 2). *Help, not punishment for drug use.* https://www.regjeringen.no/en/aktuelt/help-not-punishment-for-drug-use/id2835347/#:~:text=The%20Norwegian%20Government%20proposes%20that,punishable%20as%20a%20criminal%20offence.&text=The%20government%20submitted%20a%20proposal,amendment%20to%20the%20penal%20code.
[782] Seim, I. (2018). The Norwegian drug court model—An alternative to incarceration for criminal drug addicts. *Federal Sentencing Reporter, 31*(1), 21-27.
[783] European Monitoring Centre for Drugs and Drug Addiction. (2015) *Alternatives to Punishment for Drug-Using Offenders.* https://www.emcdda.europa.eu/system/files/publications/1020/TDAU14007ENN.pdf

[784] Lappi-Seppälä, T. (2019). Community sanctions as substitutes to imprisonment in the Nordic countries. *Law and Contemporary Problems, 82*(17), 17-50.
[785] EMCDDA (2019, May 13). *Penalties for drug law offences in Europe at a glance.* European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/publications/topic-overviews/content/drug-law-penalties-at-a-glance_en#section5
[786] EMCDDA (2019, May 13). *Penalties for drug law offences in Europe at a glance.* European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/publications/topic-overviews/content/drug-law-penalties-at-a-glance_en#section5
[787] EMCDDA (2019). *Portugal country drug report 2019.* European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/system/files/publications/11331/portugal-cdr-2019_0.pdf
[788] EMCDDA (2019). *Portugal country drug report 2019.* European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/system/files/publications/11331/portugal-cdr-2019_0.pdf
[789] Executive Office of the President (2010, August 25). *Drug decriminalization in Portugal: Challenges and limitations.* https://obamawhitehouse.archives.gov/sites/default/files/ondcp/Fact_Sheets/portugal_fact_sheet_8-25-10.pdf
[790] Domostawski, A. (2011). *Drug policy in Portugal: The benefits of decriminalizing drug use.* Open Society Foundations. https://www.tni.org/files/publication-downloads/drug-policy-in-portugal-english.pdf
[791] EU Directorate-General Communication (July 2011). *Youth attitudes on drugs.* https://europa.eu/eurobarometer/surveys/detail/1006
[792] EU Directorate-General Communication (July 2011). *Youth attitudes on drugs.* https://europa.eu/eurobarometer/surveys/detail/1006
[793] EMCDDA (2019). *Portugal country drug report 2019.* European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/system/files/publications/11331/portugal-cdr-2019_0.pdf
[794] EMCDDA (2019). *Portugal country drug report 2019.* European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/system/files/publications/11331/portugal-cdr-2019_0.pdf
[795] EMCDDA (2019). *Portugal country drug report 2019.* European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/system/files/publications/11331/portugal-cdr-2019_0.pdf
[796] EMCDDA (2019). *Portugal country drug report 2019.* European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/system/files/publications/11331/portugal-cdr-2019_0.pdf
[797] EMCDDA (2019). *Portugal country drug report 2019.* European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/system/files/publications/11331/portugal-cdr-2019_0.pdf
[798] Kruithof, K., Davies, M., Disley, E., Strang, K. & Ito, K. (2016). *Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes.* European Commission. https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf
[799] Kruithof, K., Davies, M., Disley, E., Strang, K. & Ito, K. (2016). *Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes.* European Commission. https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf
[800] Kruithof, K., Davies, M., Disley, E., Strang, K. & Ito, K. (2016). *Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes.* European Commission. https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf
[801] Kruithof, K., Davies, M., Disley, E., Strang, K. & Ito, K. (2016). *Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes.* European Commission. https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf
[802] Kruithof, K., Davies, M., Disley, E., Strang, K. & Ito, K. (2016). *Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes.* European Commission. https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf

[803] EMCDDA (2019, May 13). *Penalties for drug law offences in Europe at a glance.* European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/publications/topic-overviews/content/drug-law-penalties-at-a-glance_en#section5
[804] EMCDDA (2019, May 13). *Penalties for drug law offences in Europe at a glance.* European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/publications/topic-overviews/content/drug-law-penalties-at-a-glance_en#section5
[805] Kruithof, K., Davies, M., Disley, E., Strang, K. & Ito, K. (2016). *Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes.* European Commission. https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf
[806] Domostawski, A. (2011). *Drug policy in Portugal: The benefits of decriminalizing drug use.* Open Society Foundations. https://www.tni.org/files/publication-downloads/drug-policy-in-portugal-english.pdf
[807] Jones, R., Wyn Jones, R., Pritchard, H. & Nicholas, L. (2019). *International evidence on driving down imprisonment rates: What Wales could be?* Wales Governance Centre, Cardiff University. https://www.cardiff.ac.uk/__data/assets/pdf_file/0015/1701402/International-Evidence-on-Driving-Down-Imprisonment-Rates.pdf
[808]San Marino government. *Law No.32 of 7 March 1988.* San Marino database of legislation. UNODC Sherloc Database. https://sherloc.unodc.org
[809] San Marino government. *Law No.32 of 7 March 1988.* San Marino database of legislation. UNODC Sherloc Database. https://sherloc.unodc.org
[810] San Patrignano. (2020, June 11). Matteo Salvini ai ragazzi di San Patrignano: "Mi date la forza per combattere la battaglia contro la droga." RTV San Marino. https://www.sanmarinortv.sm/news/comunicati-c9/matteo-salvini-ai-ragazzi-di-san-patrignano-mi-date-la-forza-per-combattere-la-battaglia-contro-la-droga-a182269
[811] Sciretti, B. (2019, May 22). Riformiamo il sistema detentivo guardando a San Marino. Istituto Liberale. https://istitutoliberale.it/riformiamo-il-sistema-detentivo-guardando-san-marino/?doing_wp_cron=1615148104.3885269165039062500000
[812] Zaccariello, di G. (2014, May 19) Carcere, a San Marino uno dei più piccoli del mondo: 8 detenuti e sembra un albergo. *Il Fatto Quotidiano.* https://www.ilfattoquotidiano.it/2014/05/19/carcere-a-san-marino-uno-dei-piu-piccoli-del-mondo-8-detenuti-e-sembra-un-albergo/991225/
[813] Stone, K., & Shirley-Beavan, S. (2018). *Global state of harm reduction 2018. Regional Overview: Western Europe.* Harm Reduction International. https://www.hri.global/files/2018/12/10/WesternEurope-harm-reduction.pdf
[814] EMCDDA (2019, May 13). *Penalties for drug law offences in Europe at a glance.* European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/publications/topic-overviews/content/drug-law-penalties-at-a-glance_en#section5
[815] EMCDDA (2019, May 13). *Penalties for drug law offences in Europe at a glance.* European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/publications/topic-overviews/content/drug-law-penalties-at-a-glance_en#section5
[816] EMCDDA (2019, May 13). *Penalties for drug law offences in Europe at a glance.* European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/publications/topic-overviews/content/drug-law-penalties-at-a-glance_en#section5
[817] EMCDDA (2019). Spain country drug report 2019. https://www.emcdda.europa.eu/system/files/publications/11353/spain-cdr-2019.pdf
[818] Government Delegation for National Plan on Drugs (2017). *National strategy on addictions 2017-2024.* https://pnsd.sanidad.gob.es/pnsd/estrategiaNacional/docs/ESTRATEGIA_ADICCIONES_2017-2024_en_ingles.pdf
[819] Sánchez, C. & Collins, M. (June 2018). *Better to ask forgiveness than permission: Spain's sub-national approach to drug policy.* Swansea University. http://fileserver.idpc.net/library/GDPO-PolicyBrief12-Spain%27s-Sub-national-Approach-to-Drug-Policy-June2018.pdf
[820] EMCDDA (2019). Spain Country Drug Report 2019. https://www.emcdda.europa.eu/system/files/publications/11353/spain-cdr-2019.pdf
[821] EU Directorate-General Communication (July 2011). *Youth attitudes on drugs.* https://europa.eu/eurobarometer/surveys/detail/1006
[822] EMCDDA (2019). Spain Country Drug Report 2019. https://www.emcdda.europa.eu/system/files/publications/11353/spain-cdr-2019.pdf
[823] EMCDDA (2019, May 13). *Penalties for drug law offences in Europe at a glance.* European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/publications/topic-overviews/content/drug-law-penalties-at-a-glance_en#section5

[824] Kruithof, K., Davies, M., Disley, E., Strang, L. & Ito, K. (2016). *Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes*. European Commission. https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf
[825] Kruithof, K., Davies, M., Disley, E., Strang, L. & Ito, K. (2016). *Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes*. European Commission. https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf
[826] Kruithof, K., Davies, M., Disley, E., Strang, L. & Ito, K. (2016). *Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes*. European Commission. https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf
[827] Kruithof, K., Davies, M., Disley, E., Strang, L. & Ito, K. (2016). *Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes*. European Commission. https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf
[828] Nieto Martín, A., Rodríguez Yagüe, C., & Muñoz de Morales Romero, M. (2016). Prison overcrowding and alternatives to detention: Spain. In A. Bernardi (Ed.) & A. Martufi (Coord.), *Prison overcrowding and alternatives to detention. European sources and national legal systems*. Jovene Editore, pp. 405-492.
[829] Nieto Martín, A., Rodríguez Yagüe, C., & Muñoz de Morales Romero, M. (2016). Prison overcrowding and alternatives to detention: Spain. In A. Bernardi (Ed.) & A. Martufi (Coord.), *Prison overcrowding and alternatives to detention. European Sources and national legal systems*. Jovene Editore, pp. 405-492.
[830] Nieto Martín, A., Rodríguez Yagüe, C., & Muñoz de Morales Romero, M. (2016). Prison overcrowding and alternatives to detention: Spain. In A. Bernardi (Ed.) & A. Martufi (Coord.), *Prison overcrowding and alternatives to detention. European Sources and national legal systems*. Jovene Editore, pp. 405-492.
[831] EMCDDA (2019, May 13). *Penalties for drug law offences in Europe at a glance*. European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/publications/topic-overviews/content/drug-law-penalties-at-a-glance_en#section5
[832] Zoukis, C. (2014, January 15). *Sweden's shrinking prison population*. Prison Legal News. https://www.prisonlegalnews.org/news/2014/jan/15/swedens-shrinking-prison-population/
[833] EMCDDA (2019). *Drug country report: Sweden*. https://www.emcdda.europa.eu/system/files/publications/11354/sweden-cdr-2019_0.pdf
[834] Aleem, Z. (2015, January 27). Sweden's remarkable prison system has done what the U.S. won't even consider. Mic.com. https://www.mic.com/articles/109138/sweden-has-done-for-its-prisoners-what-the-u-s-won-t
[835] EMCDDA (2019). *Drug country report: Sweden*. https://www.emcdda.europa.eu/system/files/publications/11354/sweden-cdr-2019_0.pdf
[836] EMCDDA (2019). *Drug country report: Sweden*. https://www.emcdda.europa.eu/system/files/publications/11354/sweden-cdr-2019_0.pdf
[837] EMCDDA (2019). *Drug country report: Sweden*. https://www.emcdda.europa.eu/system/files/publications/11354/sweden-cdr-2019_0.pdf
[838] EMCDDA (2019). *Drug country report: Sweden*. https://www.emcdda.europa.eu/system/files/publications/11354/sweden-cdr-2019_0.pdf
[839] EMCDDA (2019). *Drug country report: Sweden*. https://www.emcdda.europa.eu/system/files/publications/11354/sweden-cdr-2019_0.pdf
[840] European Commission (2016). *Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes.* European Commission. https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf
[841] Kruithof, K., Davies, M., Disley, E., Strang, L. & Ito, K. (2016). *Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes*. European Comission. https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf
[842] Kruithof, K., Davies, M., Disley, E., Strang, L. & Ito, K. (2016). *Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes*. European Commission. https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf

[843] Kruithof, K., Davies, M., Disley, E., Strang, L. & Ito, K. (2016). *Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes*. European Commission. https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf
[844] Kruithof, K., Davies, M., Disley, E., Strang, L. & Ito, K. (2016). *Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes*. European Commission. https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf
[845] Bungerfeldt, J. (2014). Old and new uses of electronic monitoring in Sweden. Centre for Crime and Justice Studies. https://www.crimeandjustice.org.uk/publications/cjm/article/old-and-new-uses-electronic-monitoring-sweden
[846] EMCDDA (2015). *Alternatives to punishment for drug-using offenders*. European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/system/files/publications/1020/TDAU14007ENN.pdf
[847] Hedstrom, J.M. (2018). *The American and Swedish criminal justice system: A comparative study*. Master's Thesis, East Tennessee University. https://dc.etsu.edu/cgi/viewcontent.cgi?article=4835&context=etd
[848] Collin, C. (2002, January 14). *Switzerland's drug policy*. The Senate Special Committee on Illegal Drugs (Canada). https://sencanada.ca/content/sen/committee/371/ille/library/collin1-e.htm
[849] Collin, C. (14th January 2002). *Switzerland's drug policy*. The Senate Special Committee on Illegal Drugs (Canada). https://sencanada.ca/content/sen/committee/371/ille/library/collin1-e.htm
[850] Wolf, M., & Herzig, M. (2019, July 22). Inside Switzerland's radical drug policy innovation. Stanford Social Innovation Review. https://ssir.org/articles/entry/inside_switzerlands_radical_drug_policy_innovation
[851] Savary, J-M., Hallam, C., Bewley-Taylor D. (2009). *The Swiss Four Pillars Policy: An evolution from local experimentation to Federal Law.* The Beckley Foundation Drug Policy Programme. https://www.beckleyfoundation.org/wp-content/uploads/2016/04/paper_18.pdf
[852] Csete, J. (2013). *From the mountaintops, what the world can learn from drug policy change in Switzerland.* Open Society Foundations. https://www.opensocietyfoundations.org/publications/mountaintops
[853] Knopf, T. (2019, January 21). Switzerland couldn't stop drug users. So it started supporting them. North Carolina Health News. https://www.northcarolinahealthnews.org/2019/01/21/switzerland-couldnt-stop-drug-users-so-it-started-supporting-them/
[854] Federal Office of Public Health (2006). *Switzerland's national drugs policy – the federal government's third package of measures to reduce drug-related problems (MaProDro III) 2006-2011.* https://www.drugpolicyfacts.org/sites/default/files/MaPaDro_3_en.pdf
[855] Wolf, M., & Herzig, M. (2019, July 22). Inside Switzerland's radical drug policy innovation. Stanford Social Innovation Review. https://ssir.org/articles/entry/inside_switzerlands_radical_drug_policy_innovation
[856] Knopf, T. (2019, January 21). Switzerland couldn't stop drug users. So it started supporting them. North Carolina Health News. https://www.northcarolinahealthnews.org/2019/01/21/switzerland-couldnt-stop-drug-users-so-it-started-supporting-them/
[857] Wolf, M., & Herzig, M. (2019, July 22). Inside Switzerland's radical drug policy innovation. Stanford Social Innovation Review. https://ssir.org/articles/entry/inside_switzerlands_radical_drug_policy_innovation
[858] Büechi, M. and Minder, U. (2001). *Swiss drug policy, Harm reduction and heroin-supported therapy,* in P. Basham (Ed.) *Sensible Solutions to the Urban Drug Problem*. https://www.fraserinstitute.org/sites/default/files/SensibleSolutionsBuechiMinder.pdf
[859] Knopf, T. (2019, January 21). Switzerland couldn't stop drug users. So it started supporting them. North Carolina Health News. https://www.northcarolinahealthnews.org/2019/01/21/switzerland-couldnt-stop-drug-users-so-it-started-supporting-them/
[860] Liebrenz, M., Gamma, A., Buadze, A., Schleifer, R., Baggio, S., Schwartz, B., Schneeberger, A., & Uchtenhagen, A. (2020). *Fifteen years of heroin-assisted treatment in a Swiss prison- a retrospective cohort study.* Harm Reduction Journal. https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-020-00412-0

[861] Liebrenz, M., Gamma, A., Buadze, A., Schleifer, R., Baggio, S., Schwartz, B., Schneeberger, A., & Uchtenhagen, A. (2020). Fifteen years of heroin-assisted treatment in a Swiss prison- a retrospective cohort study. *Harm Reduction Journal, 17,* 67. https://doi.org/10.1186/s12954-020-00412-0 https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-020-00412-0

[862] Uchtenhagen, A., Stevens, A., Berto, D., Frick, U., Hunt, N., Kerschl, V., McSweeney, T., Puppo, I., Santamaria, A., Schaaf, S., Steffan, E., Gegenhuber, B., Turnbull, P. & Werdenich, W. (2008). Evaluation of therapeutic alternatives to imprisonment for drug-dependent offenders. Findings of a comparative European multi-country study. *Heroin Addiction and Related Clinical Problems, 10,* 5-10.

[863] Collin, C. (2002, January 14). *Switzerland's drug policy*. The Senate Special Committee on Illegal Drugs (Canada). https://sencanada.ca/content/sen/committee/371/ille/library/collin1-e.htm

[864] Collin, C. (2002, January 14). *Switzerland's drug policy.* The Senate Special Committee on Illegal Drugs (Canada). https://sencanada.ca/content/sen/committee/371/ille/library/collin1-e.htm

[865] Büechi, M. and Minder, U. (2001). *Swiss Drug Policy, Harm reduction and heroin-supported therapy,* in Basham, P (ed) Sensible Solutions to the Urban Drug Problem, https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.177.6172&rep=rep1&type=pdf

[866] EMCDDA (2019. May 13). *Penalties for drug law offences in Europe at a glance.* European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/publications/topic-overviews/content/drug-law-penalties-at-a-glance_en#section5

[867] EMCDDA (2019, May 13). *Penalties for drug law offences in Europe at a glance.* European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/publications/topic-overviews/content/drug-law-penalties-at-a-glance_en#section5

[868] EMCDDA (2019, May 13). *Penalties for drug law offences in Europe at a glance.* European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/publications/topic-overviews/content/drug-law-penalties-at-a-glance_en#section5

[869] EMCDDA (2019). *United Kingdom country drug report 2019.* European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/system/files/publications/11355/united-kingdom-cdr-2019.pdf

[870] HM government (2017). *2017 Drug Strategy.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF

[871] Clark, D. (2020. March 6). *Share of people in Great Britain who think that court sentences are not harsh enough in 2019, by politics and age group.* Statista. https://www.statista.com/statistics/1100694/opinion-on-prison-sentences-in-britain/

[872] Conservative Drug Policy Reform Group (2019). *Public attitudes to drugs in the UK 2019, Is the UK ready for drug reform?* https://www.drugsandalcohol.ie/31080/1/Attitudinal%2BSurvey%2BReport.pdf

[873] Conservative Drug Policy Reform Group (2019). *Public attitudes to drugs in the UK 2019, Is the UK ready for drug reform?* https://www.drugsandalcohol.ie/31080/1/Attitudinal%2BSurvey%2BReport.pdf

[874] Government Events (2021). *Working in Partnership to tackle drug and substance misuse 2021.* Online conference (UK based). https://tacklesubstancemisuse.co.uk

[875] NHS (n.d). *NHS Addictions provider alliance.* National Health Service. https://www.nhsapa.org/about-us

[876] Petitjean, G. (2021). NHS Inclusion. *Working in Partnership to tackle drug and substance misuse 2021.* Government Events (March 2021). Online conference (UK based). https://tacklesubstancemisuse.co.uk

[877] Government Events (2021). *Working in Partnership to tackle drug and substance misuse 2021.* Online conference (UK based). https://tacklesubstancemisuse.co.uk

[878] Government Events (2021). *Working in Partnership to tackle drug and substance misuse 2021.* Online conference (UK based). https://tacklesubstancemisuse.co.uk

[879] EMCDDA (2019). *United Kingdom country drug report 2019.* European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/system/files/publications/11355/united-kingdom-cdr-2019.pdf

[880] EMCDDA (2019). *United Kingdom country drug report 2019.* European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/system/files/publications/11355/united-kingdom-cdr-2019.pdf

[881] EMCDDA (2019). *United Kingdom country drug report 2019.* European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/system/files/publications/11355/united-kingdom-cdr-2019.pdf
[882] Government Events (2021). *Working in Partnership to tackle drug and substance misuse 2021.* Online conference (UK based). https://tacklesubstancemisuse.co.uk
[883] Scottish government (2020). *Drugs death task force.* https://www.gov.scot/groups/drug-deaths-task-force/
[884] EMCDDA (2019, May 13). *Penalties for drug law offences in Europe at a glance.* European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/publications/topic-overviews/content/drug-law-penalties-at-a-glance_en#section5
[885] Gleeson, H., Duke, K., & Thom, B. (2019). Challenges to providing culturally sensitive drug interventions for Black and Asian minority ethnic (BAME) groups within UK youth justice systems. *Drugs and Alcohol Today,* 19(3), 172-181.
[886] EMCDDA (2019). *United Kingdom country drug report 2019.* European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/system/files/publications/11355/united-kingdom-cdr-2019.pdf
[887] HM government (July 2017). *2017 drug strategy.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF
[888] Conservative Drug Policy Reform Group (2019). *Briefing Paper: Changes in UK policing attitudes to drug offences.* https://static1.squarespace.com/static/5bbb29273560c345fcc0fade/t/5d92843e3bc3793e758d3d7f/1569883199047/Changes+in+Policing+Attitudes+to+Drug+Offences+in+the+UK+-+Final+web.pdf
[889] Chrispin Blunt MP. 2021). *Working in Partnership to tackle drug and substance misuse 2021.* Government Events, Online conference (UK based). https://tacklesubstancemisuse.co.uk
[890] EMCDDA (2019). *United Kingdom country drug report 2019.* European Monitoring Center for Drugs and Drug Addiction. https://www.emcdda.europa.eu/system/files/publications/11355/united-kingdom-cdr-2019.pdf
[891] Gabbatiss, J. (2019, February 11). UK facing 'addiction crisis' as councils cut funding for treatment while alcohol-related deaths soar. *The Independent.* https://www.independent.co.uk/news/health/alcohol-deaths-council-funding-cuts-drug-addiction-services-austerity-jonathan-ashworth-a8772301.html
[892] Gleeson, H., Duke, K., and Thom, B. (2019). Challenges to providing culturally sensitive drug interventions for Black and Asian minority ethnic (BAME) groups within UK youth justice systems. *Drugs and Alcohol Today, 19*(3), 172-181.
[893] Hughes, B., Martel, C., Royuela, L. & Varga, O. (2014). *Drug law offences in the Western Balkan region: From definition to monitoring*. EMCDDA. https://www.emcdda.europa.eu/system/files/publications/968/Drug%20law%20offences%20in%20the%20Western%20Balkan%20region_meeting%20report.pdf
[894] Republic of Albania. (2012) *Albanian National Drugs Strategy: 2012-2016.* https://www.emcdda.europa.eu/drugs-library/albanian-national-drugs-strategy-2012-2016_en
[895] Hughes, B., Martel, C., Royuela, L. & Varga, O. (2014). *Drug law offences in the Western Balkan region: From definition to monitoring*. EMCDDA. https://www.emcdda.europa.eu/system/files/publications/968/Drug%20law%20offences%20in%20the%20Western%20Balkan%20region_meeting%20report.pdf
[896] Rehabs+. (n.d.) Rehab in Albania. https://worldsbest.rehab/albania/
[897] Albanian Foundation for Conflict Resolution and Disputes. (2019). *Mapping-Criminal justice systems in Central Eastern Europe: Albanian report.* https://www.mediationalb.org/pdf/Albania_REPORT.pdf
[898] Rozanova, J., Morozova, O., Azbel, L., Bachireddy, C., Izenberg, J. M., Kiriazova, T., Dvoryak, S., & Altice, F. L. (2018). Perceptions of health-related community reentry challenges among incarcerated drug users in Azerbaijan, Kyrgyzstan, and Ukraine. *Journal of Urban Health*, *95*(4), 508–522. https://doi.org/10.1007/s11524-018-0256-4
[899] Republic of Azerbaijan. (2002). Police Act of the Republic of Azerbaijan. https://policehumanrightsresources.org/content/uploads/2016/06/Police-Act-Azerbaijan.pdf?x68217
[900] Republic of Azerbaijan. (2002). Police Act of the Republic of Azerbaijan. https://policehumanrightsresources.org/content/uploads/2016/06/Police-Act-Azerbaijan.pdf?x68217

[901] Wesolowsky, T. (2018, August 4). Azerbaijan: A river of illegal drugs runs through it. Radio Free Europe. https://www.rferl.org/a/azerbaijan-river-of-illegal-drugs/29412584.html
[902] Human Rights Watch. (1999). Torture. https://www.hrw.org/legacy/reports/1999/azerbaijan/Azer0799-04.htm
[903] Human Rights Watch. (2013, September 1). Tightening the screws: Azerbaijan's crackdown on civil society and dissent. https://www.hrw.org/report/2013/09/01/tightening-screws/azerbaijans-crackdown-civil-society-and-dissent
[904] EMCDDA. (2009). Belarus Country Overview. https://www.emcdda.europa.eu/publications/country-overviews/by_en
[905] Council of Europe. (2019). *Action Plan for Belarus 2019-2021.* Council of Europe. https://rm.coe.int/ap-belarus-2019-2021-web-en/168098f1bd
[906] Kralko, A. (2020). Republic of Belarus: Assessment of the sustainability of the opioid agonist therapy programme in the context of transition from donor support to domestic funding. Eurasian Harm Reduction Association, p. 14. http://fileserver.idpc.net/library/EHRA-OAT-Sustainability-Assesment-Belarus-ENG-2020.pdf
[907] Hurst, L. (2021 March 18). Belarus protests: Convictions tallied at 400. But hundreds more are still in jail. *Euronews.* https://www.euronews.com/2021/03/17/belarus-protests-convictions-tallied-at-400-but-hundreds-more-are-still-in-jail
[908] Ioffe, G. (2021, February 9). The complexities of measuring Belarusian public opinion. The Jamestown Foundation. https://jamestown.org/program/the-complexities-of-measuring-belarusian-public-opinion/
[909] EMCDDA. (n.d.). Belarus Country Overview. https://www.emcdda.europa.eu/publications/country-overviews/by_en
[910] The Republican Research and Practice Mental Health Center. (n.d.). Addiction treatment of the citizens of the Republic of Belarus and foreign citizens. https://mentalhealth.by/contacts/addiction-treatment-of-the-citizens-of-the-republic-of-belarus-and-foreign-citizens
[911] Council of Europe: Experts on Terrorism. (2006). Criminal Code of Bosnia and Herzegovina. https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/66356/72592/F394314462/BIH66356.pdf
[912] The Federation of Bosnia and Herzegovina. (2018). Criminal Code. https://www.refworld.org/docid/5b349a864.html
[913] Hughes, B., Martel, C., Royuela, L. & Varga, O. (2014). Drug law offences in the Western Balkan region: From definition to monitoring." EMCDDA. http://www.emcdda.europa.eu/attachements.cfm/att_235785_EN_Drug%20law%20offences%20in%20the%20Western%20Balkan%20region_meeting%20report.pdf
[914] Bosnia and Hezergovina National Strategy on the Supervision of Narcotic Drugs,Prevention and Suppression of Abuse of Narcotic Drugs, 2018-2023 https://www.emcdda.europa.eu/drugs-library/bosnia-and-herzegovina-national-strategy-supervision-narcotic-drugs-prevention-and-suppression-abuse-narcotic-drugs-2018%E2%80%93-2023_en
[915] Diogenis Association. (2015). Drug policy dialogue strategy in South East Asia. Drug strategy and drug legislation in Bosnia and Herzegovina. https://www.diogenis.info/cms/files/2015/12/Drug-Strategy-and-Drug-Legislation-in-BiH-Sarajevo-14-05-2015-FInal.pdf
[916] Diogenis Association. (2015). Drug policy and drug legislation in South East Europe: Country Report Bosnia and Herzegovina. https://www.diogenis.info/cms/files/2015/11/BOSNIA.pdf
[917] Council of Europe: Experts on Terrorism. (2006). Criminal Code of Bosnia and Herzegovina. https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/66356/72592/F394314462/BIH66356.pdf
[918] The Federation of Bosnia and Herzegovina. (2018). Criminal Code. https://www.refworld.org/docid/5b349a864.html
[919] Diogenis Association. (2015). Drug policy and drug legislation in South East Europe: Country Report Bosnia and Herzegovina. https://www.diogenis.info/cms/files/2015/11/BOSNIA.pdf
[920] Montiglio, D. (n.d.). Drugs and Alcohol in Bulgaria. *Foreigner.BG*. https://www.foreigner.bg/drugs-alcohol-bulgaria/
[921] International Drug Policy Consortium. (2014, January 22). New Bulgarian bill increases punishments for small scale drug possession. https://idpc.net/media/press-releases/2014/01/new-bulgarian-bill-increases-punishments-for-small-scale-drug-possession
[922] Carney, S. (2014, January 24). Bulgaria follows Hungary with harsher drug use penalties. *The Wall Street Journal.* https://www.wsj.com/articles/BL-NEB-7346
[923] The Ministry of Health, Bulgaria. (2020). *Bulgaria's National Drugs Strategy 2020-24.* https://www.emcdda.europa.eu/drugs-library/ministry-health-bulgaria-2020-bulgarias-national-drugs-strategy-2020-24_pl

[924] EMCDDA & Bulgarian National Focal Point. (2004). 2004 National Report to the EMCDDA: Bulgaria, new development, trends and in-depth information on selected issues. https://www.emcdda.europa.eu/system/files/publications/300/NR2004Bulgaria_65075.pdf
[925] EMCDDA & Bulgarian National Focal Point. (2004). 2004 National Report to the EMCDDA: Bulgaria, new development, trends and in-depth information on selected issues."https://www.emcdda.europa.eu/system/files/publications/300/NR2004Bulgaria_65075.pdf
[926] The Ministry of Health, Bulgaria. (2020). *Bulgaria's National Drugs Strategy 2020-24*. https://www.emcdda.europa.eu/drugs-library/ministry-health-bulgaria-2020-bulgarias-national-drugs-strategy-2020-24_pl
[927] International Drug Policy Consortium. (2014, January 22). New Bulgarian bill increases punishments for small scale drug possession. https://idpc.net/media/press-releases/2014/01/new-bulgarian-bill-increases-punishments-for-small-scale-drug-possession
[928] International Drug Policy Consortium. (2014, January 22). New Bulgarian bill increases punishments for small scale drug possession. https://idpc.net/media/press-releases/2014/01/new-bulgarian-bill-increases-punishments-for-small-scale-drug-possession
[929] Sárosi, P. (2012, October 16). Bulgaria: On the dark side of drug policy. *Drug Reporter.* https://drogriporter.hu/en/bulgaria-on-the-dark-side-of-drug-policy/
[930] EMCDDA & Bulgarian National Focal Point. (2004). 2004 National Report to the EMCDDA: Bulgaria, new development, trends and in-depth information on selected issues."https://www.emcdda.europa.eu/system/files/publications/300/NR2004Bulgaria_65075.pdf
[931] EMCDDA & Bulgarian National Focal Point. (2004). 2004 National Report to the EMCDDA: Bulgaria, new development, trends and in-depth information on selected issues." https://www.emcdda.europa.eu/system/files/publications/300/NR2004Bulgaria_65075.pdf
[932] Rechel, B., Blackburn, C.M., Spencer, N.J. & Bernd, R. (2011). Regulatory barriers to equity in a health system in transition: A qualitative study in Bulgaria. *BMC Health Services Research, 11,* 219. https://doi.org/10.1186/1472-6963-11-219
[933] International Drug Policy Consortium. (2012, December 17). Croatia decriminalizes drug use. https://idpc.net/alerts/2012/12/croatia-decriminalizes-drug-use
[934] Diogenis Association. (2015). *drug policy and drug legislation in south east Europe: Croatia.* https://www.diogenis.info/cms/files/2015/11/CROATIA.pdf
[935] World Health Organization. (2010). *ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD) Country Profile: Croatia.* https://www.who.int/substance_abuse/publications/atlas_report/profiles/croatia.pdf?ua=1
[936] World Health Organization. (2010). *ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD) Country Profile: Croatia.* https://www.who.int/substance_abuse/publications/atlas_report/profiles/croatia.pdf?ua=1
[937] Council of Europe. (2020). *Human rights and people who use drugs in the Mediterranean region: Current situation in 17 Mednet countries.* https://rm.coe.int/2020-ppg-med-4-human-rights-and-people-who-use-drugs-eng/16809e504d
[938] World Health Organization. (2010). *ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD) Country Profile: Croatia*. https://www.who.int/substance_abuse/publications/atlas_report/profiles/croatia.pdf?ua=1
[939] EMCDDA. (2012). Social reintegration and employment: Evidence and interventions for drug users in treatment. EMCDDA Insights. https://www.emcdda.europa.eu/attachements.cfm/att_189819_EN_TDXD12013ENC_Web-1.pdf
[940] EMCDDA. (2012) Social reintegration and employment: Evidence and interventions for drug users in treatment. EMCDDA Insights. https://www.emcdda.europa.eu/attachements.cfm/att_189819_EN_TDXD12013ENC_Web-1.pdf
[941] Council of Europe. (2020). *Human rights and people who use drugs in the Mediterranean region: Current situation in 17 Mednet countries.* https://rm.coe.int/2020-ppg-med-4-human-rights-and-people-who-use-drugs-eng/16809e504d
[942] Vince, A. (n.d.). Barriers to diagnose and treat hepatitis C in intravenous drug users and how to overcome them. Presentation, Croatian Reference Center for Viral Hepatitis. https://www.escmid.org/escmid_publications/escmid_elibrary/material/?mid=33467
[943] EMCDDA & National Monitoring Centre for Drugs and Addiction. (2017). Czech Republic Country Drug Report 2017. https://www.emcdda.europa.eu/system/files/publications/4511/TD0416912ENN.pdf
[944] Loffmann, M., & Morten, F. (2010). *Investigating alternatives to imprisonment within Council of Europe member states.* The Quaker Council for European Affairs. http://www.qcea.org/wp-content/uploads/2011/06/rprt-alternatives-en-jan-2010.pdf

[945] Office of the Government of the Czech Republic. (2020). National Strategy to Prevent and Reduce the Harm Associated with Addictive Behaviour 2019-2027. Secretariat of the Government Council for Drug Policy Coordination. https://www.vlada.cz/assets/ppov/protidrogova-politika/National_strategy_2019_2027_fin_rev3.pdf
[946] Kenety, B., & Kubankova, E. (2018, May 9). Overcrowded Czech prisons spur renewed calls for alternative sentencing. *Radio Prague International.* https://english.radio.cz/overcrowded-czech-prisons-spur-renewed-calls-alternative-sentencing-8151768
[947] Zabransky, T. (2004). Czech drug laws as an arena of drug policy battle. *The Journal of Drug Issues, 34*(3):661-686. https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.922.7325&rep=rep1&type=pdf
[948] EMCDDA & National Monitoring Centre for Drugs and Addiction. (2017). *Czech Republic Country Drug Report 2017.* https://www.emcdda.europa.eu/system/files/publications/4511/TD0416912ENN.pdf
[949] EEA Grants. (2019, August 29). Programme agreement signed for the Justice programme in Czech Republic. https://eeagrants.org/news/programme-agreement-signed-justice-programme-czech-republic
[950] EMCDDA. (n.d.). Country legal profiles: Czech Republic. https://www.emcdda.europa.eu/html.cfm/index5174EN.html?pluginMethod=eldd.countryprofiles&country=CZ
[951] EMCDDA. (n.d.). Alternatives to punishment for drug-using offenders. EMCDDA Papers. https://www.emcdda.europa.eu/attachements.cfm/att_240836_EN_TDAU14007ENN.pdf
[952] EMCDDA. (n.d.). Country legal profiles: Czech Republic. https://www.emcdda.europa.eu/html.cfm/index5174EN.html?pluginMethod=eldd.countryprofiles&country=CZ
[953] Kruithof, K., Davies, M., Disley, E., Strang, L. & Ito, K. (2016). *Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes.* European Commission. https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf
[954] EMCDDA & National Monitoring Centre for Drugs and Addiction. (2017). *Czech Republic Country Drug Report 2017.* https://www.emcdda.europa.eu/system/files/publications/4511/TD0416912ENN.pdf
[955] EMCDDA. (n.d.). Alternatives to punishment for drug-using offenders.https://www.emcdda.europa.eu/attachements.cfm/att_240836_EN_TDAU14007ENN.pdf
[956] EMCDDA. (n.d.). Country legal profiles: Czech Republic. https://www.emcdda.europa.eu/html.cfm/index5174EN.html?pluginMethod=eldd.countryprofiles&country=CZ
[957] EMCDDA. (2019). *Estonia country drug report.* https://www.emcdda.europa.eu/system/files/publications/11337/estonia-cdr-2019_0.pdf
[958] EMCDDA. (2015). *Alternatives to punishment for drug-using offenders.* https://www.emcdda.europa.eu/attachements.cfm/att_240836_EN_TDAU14007ENN.pdf
[959] EMCDDA. (2019). *Estonia country drug report 2019.* https://www.emcdda.europa.eu/system/files/publications/11337/estonia-cdr-2019_0.pdf
[960] Saar, J. (1999). *Criminal justice system and process of democratization in Estonia*. NATO Democratic Institutions Research Fellowship Final Report. https://www.nato.int/acad/fellow/97-99/saar.pdf
[961] EMCDDA. (2019). *Estonia country drug report 2019.* https://www.emcdda.europa.eu/system/files/publications/11337/estonia-cdr-2019_0.pdf
[962] Tervise Arengu Instituut. (n.d). Treatment and rehabilitation of drug addiction. https://intra.tai.ee//images/prints/documents/154651127729_NarkomaaniaRavijaRehabilitatsioon_eng.pdf
[963] Kruithof, K., Davies, M., Disley, E., Strang, L., & Ito, K. (2016) *Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes*. European Commission. https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf
[964] EMCDDA. (2015). Alternatives to punishment for drug-using offenders. https://www.emcdda.europa.eu/attachements.cfm/att_240836_EN_TDAU14007ENN.pdf

[965] EU Probation Project. (n.d). Estonia. https://www.euprobationproject.eu/sheets/pdf/ee.pdf
[966] PR Newswire. (2019, January 30). SuperCom launches national electronic monitoring project in Estonia. PR Newswire. https://www.prnewswire.com/news-releases/supercom-launches-national-electronic-monitoring-project-in-estonia-300786693.html
[967] Human Rights Watch. (2018, August 13). Harsh punishment: The human toll of Georgia's Abusive Drug Policies. https://www.hrw.org/report/2018/08/13/harsh-punishment/human-toll-georgias-abusive-drug-policies
[968] Javakhishvili, L., Sturua, L., Kirtadze, I., Balanchivadze, N., & Otiashvili, D. (2013) *Overview of the national drug situation in Georgia*. EMCDDA. https://www.emcdda.europa.eu/publications/country-overviews/georgia-2013_en
[969] Dooley, P. (2018, September 25). What happens if you're busted with drugs in Georgia? *Post Pravda Magazine.* https://www.postpravdamagazine.com/what-happens-if-youre-busted-with-drugs-in-georgia/
[970] Jorbenadze, L. (2016, September 30) Imprisonment for use of marijuana is unconstitutional, drug policy change via litigation. Drug Policy Georgia. http://www.drugpolicy.dsl.ge/eng/news.htm
[971] Human Rights Watch. (2018, August 13). Georgia: Severe toll of abusive drug laws: Public health approaches needed to remedy harmful use of drugs. https://www.hrw.org/news/2018/08/13/georgia-severe-toll-abusive-drug-laws
[972] Javakhishvili, L., Sturua, L., Kirtadze, I., Balanchivadze, N., & Otiashvili, D. (2013), *Overview of the national drug situation in Georgia*. EMCDDA. https://www.emcdda.europa.eu/publications/country-overviews/georgia-2013_en
[973] Human Rights Watch. (2018, August 13). Harsh punishment: The human toll of Georgia's abusive drug policies. https://www.hrw.org/report/2018/08/13/harsh-punishment/human-toll-georgias-abusive-drug-policies
[974] EMCDDA. (2019). *Hungary country drug report 2019*. https://www.emcdda.europa.eu/system/files/publications/11332/hungary-cdr-2019_0.pdf
[975] EMCDDA. (2015). *Alternatives to punishment for drug-using offenders.* https://www.emcdda.europa.eu/attachements.cfm/att_240836_EN_TDAU14007ENN.pdf
[976] EMCDDA. (2019). *Hungary country drug report 2019.* https://www.emcdda.europa.eu/system/files/publications/11332/hungary-cdr-2019_0.pdf
[977] EMCDDA. (2019). *Hungary country drug report 2019.* https://www.emcdda.europa.eu/system/files/publications/11332/hungary-cdr-2019_0.pdf
[978] Kruithof, K., Davies, M., Disley, E., Strang, L., & Ito, K. (2016). *Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes.* European Commission. https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf
[979] EMCDDA. (2015). *Alternatives to punishment for drug-using offenders.* https://www.emcdda.europa.eu/attachements.cfm/att_240836_EN_TDAU14007ENN.pdf
[980] EMCDDA. (2014) Overview of the drug situation in Kazakhstan. https://www.emcdda.europa.eu/publications/country-overviews/kazakhstan-2014
[981] Chingin, A., & Fedorova, O. (2014, December). *Kazakhstan: Drug situation and drug policy*. *Pompidou Group of the Council of Europe*. https://rm.coe.int/drug-situation-and-drug-policy-by-alex-chingin-and-olga-fedorova-decem/168075f2a6
[982] ISSUP. (n.d.) Kazakhstan. https://www.issup.net/knowledge-share/country-profiles/kazakhstan
[983] EMCDDA. (2014). Overview of the drug situation in Kazakhstan. https://www.emcdda.europa.eu/publications/country-overviews/kazakhstan-2014
[984] Chingin, A., & Fedorova, O. (2014, December). *Kazakhstan: Drug situation and drug policy*. Pompidou Group of the Council of Europe. https://rm.coe.int/drug-situation-and-drug-policy-by-alex-chingin-and-olga-fedorova-decem/168075f2a6
[985] Kumenov, A. (2019, May 31). Kazakhstan: Website fined for running online poll. Eurasianet. https://eurasianet.org/kazakhstan-website-fined-for-running-online-poll
[986] EMCDDA. (2014). Overview of the drug situation in Kazakhstan. https://www.emcdda.europa.eu/publications/country-overviews/kazakhstan-2014
[987] Chingin, A., & Fedorova, O. (2014, December). *Kazakhstan: Drug situation and drug policy. Pompidou Group of the Council of Europe.* https://rm.coe.int/drug-situation-and-drug-policy-by-alex-chingin-and-olga-fedorova-decem/168075f2a6
[988] Republic of Kosovo. (2019). Criminal Code. http://dpnsee.org/wp-content/uploads/2019/07/Criminal-Code-Kosovo-2019.pdf

[989] EMCDDA. (2014). National Report: Kosovo. EMCDDA and European Commission. https://www.emcdda.europa.eu/system/files/publications/847/National_Report_Kosovo_2014_Alb_485288.pdf
[990] EMCDDA. (2014). National Report: Kosovo. EMCDDA and European Commission. https://www.emcdda.europa.eu/system/files/publications/847/National_Report_Kosovo_2014_Alb_485288.pdf
[991] EMCDDA & UNODC. Drug treatment systems in the Western Balkans: Outcomes of a joint EMCDDA-UNODC survey of drug treatment facilities. https://www.unodc.org/documents/drug-prevention-and-treatment/EMCDDA_UNODC_Publication.pdf
[992] EMCDDA. (2014). National Report: Kosovo. EMCDDA and European Commission. https://www.emcdda.europa.eu/system/files/publications/847/National_Report_Kosovo_2014_Alb_485288.pdf
[993] U.S. Department of State. (2019). *Country reports on human rights practices: Kosovo*. https://www.state.gov/reports/2019-country-reports-on-human-rights-practices/kosovo/?fbclid=IwAR3WiYcJDHuM0PasB1at6NtrJgCowLpdj9_8oUUAtkMj0U80IWGEpYQugl4
[994] Hoxha, R. (2008). Alternative sentences; An innovation of the Criminal Code of the Republic of Kosovo. Avokatura Legal Service Blog. https://www.avokatura.com/en/Blog/Alternative-sentences-an-innovation-of-the-Criminal-Code-of-the-Republic-of-Kosovo
[995] EMCDDA. (2015). Alternatives to punishment for drug-using offenders. https://www.emcdda.europa.eu/attachements.cfm/att_240836_EN_TDAU14007ENN.pdf
[996] Sile, S. (n.d). Alternatives to imprisonment in Latvia. Providus Centre for Public Policy. http://providus.lv/article_files/2862/original/Reducing_Prison_Population-report-PUBLISH.pdf?1425559407
[997] EMCDDA. (2019). Latvia Country Drug Report 2019. https://www.emcdda.europa.eu/system/files/publications/11338/latvia-cdr-2019.pdf
[998] EMCDDA. (2012). 2012 National Report (2011 data) to the EMCDDA by the Reitox National Focal Point: Latvia. https://www.emcdda.europa.eu/system/files/publications/796/Latvia_NR2012_443542.pdf
[999] EMCDDA. (2019). *Latvia country drug report 2019*. https://www.emcdda.europa.eu/system/files/publications/11338/latvia-cdr-2019.pdf
[1000] EEA Grants. (2016, December 2). Introducing alternatives to imprisonment. https://eeagrants.org/news/introducing-alternatives-imprisonment
[1001] EEA Grants. (2016, December 2). Introducing alternatives to imprisonment. https://eeagrants.org/news/introducing-alternatives-imprisonment
[1002] EMCDDA. (2019). *Latvia country drug report 2019.* https://www.emcdda.europa.eu/system/files/publications/11338/latvia-cdr-2019.pdf
[1003] Sile, S. (n.d). Alternatives to imprisonment in Latvia. Providus Centre for Public Policy. http://providus.lv/article_files/2862/original/Reducing_Prison_Population-report-PUBLISH.pdf?1425559407
[1004] Sile, S. (n.d). Alternatives to imprisonment in Latvia. Providus Centre for Public Policy. http://providus.lv/article_files/2862/original/Reducing_Prison_Population-report-PUBLISH.pdf?1425559407
[1005] Eu Probation Project. (n.d). Latvia. https://www.euprobationproject.eu/sheets/pdf/lv.pdf
[1006] EMCDDA. (2015). Alternatives to punishment for drug-using offenders. https://www.emcdda.europa.eu/attachements.cfm/att_240836_EN_TDAU14007ENN.pdf
[1007] Eu Probation Project. (n.d). Latvia https://www.euprobationproject.eu/sheets/pdf/lv.pdf
[1008] EEA Grants. (2016, December 2). Introducing alternatives to imprisonment. https://eeagrants.org/news/introducing-alternatives-imprisonment
[1009] Confederation of European Probation. (n.d). Electronic monitoring implemented in Latvia. https://www.cep-probation.org/knowledgebases/electronic-monitoring-implemented-in-latvia/
[1010] Nordic Alcohol and Drug Policy Network. (2016, October 20). Latvia: Official opening of Olaine prisons new unit for drug addicts. https://nordan.org/latvia-official-opening-of-olaine-prisons-new-unit-for-drug-addicts/
[1011] Eurasian Harm Reduction Association. (n.d). Lithuania. https://harmreductioneurasia.org/countries/lithuania/
[1012] Republic of Lithuania. (2017, November 21). Law on the Approval and Entry into Force of the Criminal Code. https://www.legislationline.org/download/id/8272/file/Lithuania_CC_2000_am2017_en.pdf
[1013] EMCDDA. (2019). Country drug report 2019. https://www.emcdda.europa.eu/system/files/publications/11341/lithuania-cdr-2019_0.pdf

[1014] Department of Drug, Tobacco and Alcohol Control. (2018). The National Drug, Tobacco and Alcohol Control and Use Prevention Programme 2018-2028. pp 12. Republic of Lithuania. https://ntakd.lrv.lt/uploads/ntakd/documents/files/National%20Drug%20Programme%20Summary.pdf
[1015] Center for Insights in Survey Research. (2020, January). Public Opinion Poll: Lithuania January 7-26, 2020. https://www.iri.org/sites/default/files/lithuania_slide_deck_ltu-to_be_published.pdf
[1016] EMCDDA. (2012). *2012 national report (2011 data) to the EMCDDA by the Reitox national focal point. Lithuania: New development, trends and in-depth information on selected issues*. https://www.emcdda.europa.eu/attachements.cfm/att_214019_EN_Lithuania_NR2012.pdf
[1017] EMCDDA. (2019). Country drug report 2019. https://www.emcdda.europa.eu/system/files/publications/11341/lithuania-cdr-2019_0.pdf
[1018] Kruithof, K., Davies, M., Disley, E., Strang, L., & Ito, K. (2016). *Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes*. European Commission. https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf
[1019] EMCDDA. (2012). *2012 national report (2011 data) to the EMCDDA by the Reitox national focal point. Lithuania: New development, trends and in-depth information on selected issues*. https://www.emcdda.europa.eu/attachements.cfm/att_214019_EN_Lithuania_NR2012.pdf
[1020] EMCDDA. (2015). Alternatives to punishment for drug-using offenders. https://www.emcdda.europa.eu/attachements.cfm/att_240836_EN_TDAU14007ENN.pdf
[1021] The Republic of Moldova. (2009). The Criminal Code. https://www.legislationline.org/download/id/3559/file/Criminal%20Code%20RM.pdf
[1022] The Quaker Council for European Affairs. (2010). *Investigating alternative to imprisonment within Council of Europe member states.* http://www.qcea.org/wp-content/uploads/2011/06/rprt-alternatives-en-jan-2010.pdf
[1023] Council of Europe. (2020). Council of Europe Action Plan for the Republic of Moldova 2021-2024. https://search.coe.int/cm/Pages/result_details.aspx?ObjectID=0900001680a029ad
[1024] Sandu, A. (2016). The establishment of probation systems in Romania and the Republic of Moldova. *The European Proceedings of Social & Behavioral Sciences.* https://www.europeanproceedings.com/files/data/article/45/1262/article_45_1262_pdf_100.pdf
[1025] Sandu, A. (2016). The establishment of probation systems in Romania and the Republic of Moldova. *The European Proceedings of Social & Behavioral Sciences*. https://www.europeanproceedings.com/files/data/article/45/1262/article_45_1262_pdf_100.pdf
[1026] Iatco, A., & Teltzrow, R. (2013). Republic of Moldova drug situation and policy. Pompidou Group of the Council of Europe, Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs. https://rm.coe.int/drug-situation-and-policy-by-ala-iatco-and-robert-teltzrow/168075f2a2
[1027] EU Neighbors East. (2017, December 6). First prison-based therapeutic community opens in Moldova. https://www.euneighbours.eu/en/east/stay-informed/news/first-prison-based-therapeutic-community-opens-moldova
[1028] Sandu, A. (2016). The establishment of probation systems in Romania and the Republic of Moldova. *The European Proceedings of Social & Behavioral Sciences*. https://www.europeanproceedings.com/files/data/article/45/1262/article_45_1262_pdf_100.pdf
[1029] Montenegro Ministry of Health. (2013). *Strategy of Montenegro for the Prevention of Drug Abuse 2013-2020 and the Action Plan 2013-2016.* https://www.emcdda.europa.eu/system/files/attachments/11942/STRATEGY%20OF%20MONTENEGRO%20FOR%20THE%20PREVENTION%20OF%20DRUG%20ABUSE%202013-2020%20and%20the%20Action%20Plan%202013-20161.pdf
[1030] Nikolli, A. (2015). The severe criminal punishment of drug consumers in Albania. A call for reasonability and reflection. *Mediterranean Journal of Social Sciences*, *6*(2), 27-34. https://www.mcser.org/journal/index.php/mjss/article/download/5781/5567
[1031] Hughes, B., Martel, C., Royuela, L. & Varga, O. (2014). *Drug law offences in the Western Balkan region: From definition to monitoring*. EMCDDA https://www.emcdda.europa.eu/system/files/publications/968/Drug%20law%20offences%20in%20the%20Western%20Balkan%20region_meeting%20report.pdf
[1032] International Drug Policy Consortium. (2012, July 19). Alternative sanctions for drug-related criminal offenses in Montenegro. https://idpc.net/alerts/2012/07/alternative-sanctions-for-drug-related-criminal-offenses-in-montenegro
[1033] International Drug Policy Consortium. (2012, July 19). Alternative sanctions for drug-related criminal offenses in Montenegro. https://idpc.net/alerts/2012/07/alternative-sanctions-for-drug-related-criminal-offenses-in-montenegro

[1034] Montenegro Ministry of Health. (2013). *Strategy of Montenegro for the Prevention of Drug Abuse 2013-2020 and the Action Plan 2013-2016.* https://www.emcdda.europa.eu/system/files/attachments/11942/STRATEGY%20OF%20MONTENEGRO%20FOR%20THE%20PREVENTION%20OF%20DRUG%20ABUSE%202013-2020%20and%20the%20Action%20Plan%202013-20161.pdf
[1035] World Health Organization. (2010) *ATLAS of substance use disorders resources for treatment and prevention of substance use disorders (sud) country profile: Republic of Montenegro.* https://www.who.int/substance_abuse/publications/atlas_report/profiles/montenegro.pdf?ua=1
[1036] Diogenis. (2015). Drug policy and drug legislation in South East Europe: Montenegro. https://www.diogenis.info/cms/files/2015/11/MONTENEGRO.pdf
[1037] Diogenis. (2015). Drug policy and drug legislation in South East Europe: Montenegro. https://www.diogenis.info/cms/files/2015/11/MONTENEGRO.pdf
[1038] Fountain, J., Bashford, J., Underwood, S., Khurana, J., Winters, M. Patel, K. & Carpentier, C. (2002). EMCDDA Scientific Report: Update and complete the analysis of drug use, consequences and correlates amongst minorities. EMCDDA. http://www.emcdda.europa.eu/index.cfm?fuseaction=public.AttachmentDownload&nNodeID=2692
[1039] Hughes, B., Martel, C. Royuela, L. & Varga, O. (2014). *Drug law offences in the Western Balkan region: From definition to monitoring.* EMCDDA. https://www.emcdda.europa.eu/system/files/publications/968/Drug%20law%20offences%20in%20the%20Western%20Balkan%20region_meeting%20report.pdf
[1040] Mitrovski, J. (2018, May 28S). Decriminalisation of cannabis in the Republic of Macedonia. *The New Federalist*. https://www.thenewfederalist.eu/decriminalisation-of-cannabis-in-the-republic-of-macedonia?lang=fr
[1041] EMCDDA. (2014). National Report of Former Yugoslav Republic of Macedonia. https://www.emcdda.europa.eu/system/files/publications/1016/National%20Report%20Macedonia%202014_EN-2.pdf
[1042] Health Options Project Skopje. (2021, January 13). Manners of dealing with people who use drugs in the Republic North Macedonia – legal and social challenges.https://hops.org.mk/en/manners-of-dealing-with-people-who-use-drugs-in-the-republic-north-macedonia-legal-and-social-challenges/
[1043] Health Options Project Skopje. (2021, January 13). Manners of dealing with people who use drugs in the Republic North Macedonia – legal and social challenges.https://hops.org.mk/en/manners-of-dealing-with-people-who-use-drugs-in-the-republic-north-macedonia-legal-and-social-challenges/
[1044] EMCDDA. (2014). National Report of Former Yugoslav Republic of Macedonia. European Commission. https://www.emcdda.europa.eu/system/files/publications/1016/National%20Report%20Macedonia%202014_EN-2.pdf
[1045] EMCDDA. (2014). National Report of Former Yugoslav Republic of Macedonia. European Commission. https://www.emcdda.europa.eu/system/files/publications/1016/National%20Report%20Macedonia%202014_EN-2.pdf
[1046] EMCDDA. (2014). National Report of Former Yugoslav Republic of Macedonia. European Commission. https://www.emcdda.europa.eu/system/files/publications/1016/National%20Report%20Macedonia%202014_EN-2.pdf
[1047] EMCDDA. (2014). National Report of Former Yugoslav Republic of Macedonia. European Commission. https://www.emcdda.europa.eu/system/files/publications/1016/National%20Report%20Macedonia%202014_EN-2.pdf
[1048] Takacs, I. (2015, February 13). Drug policy in Macedonia: From punitive laws, towards a public health approach. *Drug Reporter.* https://drogriporter.hu/en/drug-policy-in-macedonia-from-punitive-laws-towards-a-public-health-approach/
[1049] EMCDDA. (2019) Poland Country Drug Report 2019. https://www.emcdda.europa.eu/system/files/publications/11349/poland-cdr-2019_0.pdf
[1050] EMCDDA. (2019) Poland Country Drug Report 2019. https://www.emcdda.europa.eu/system/files/publications/11349/poland-cdr-2019_0.pdf
[1051] Euronews. (2013, November 6). Poland: Addicts are getting younger. *Euronews.* https://www.euronews.com/2013/11/06/poland-addicts-are-getting-younger
[1052] EMCDDA. (2019). Poland Country Drug Report 2019. https://www.emcdda.europa.eu/system/files/publications/11349/poland-cdr-2019_0.pdf
[1053] EMCDDA. (2015). Alternatives to punishment for drug-using offenders. EMCDDA Papers. https://www.emcdda.europa.eu/attachements.cfm/att_240836_EN_TDAU14007ENN.pdf
[1054] Kruithof, K., Davies, M., Disley, E., Strang, L., & Ito, K. (2016). Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes. European Commission. https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf
[1055] EMCDDA. (2019) Penalties for drug law offences in Europe at a glance. https://www.emcdda.europa.eu/publications/topic-overviews/content/drug-law-penalties-at-a-glance_en

[1056] EMCDDA. (2017) Romania Country Drug Report 2017. http://fileserver.idpc.net/library/report%20in%20romania.pdf
[1057] EMCDDA. (nd) Alternatives to punishment for drug-using offenders. https://www.emcdda.europa.eu/attachements.cfm/att_240836_EN_TDAU14007ENN.pdf
[1058]Kruithof, K., Davies, M., Disley, E., Strang, L. & Ito, K. (2016). Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes. https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf
[1059] International Drug Policy Consortium. (2014, December 10). Romania: Drug related offenses reduced as new criminal code is enforced. https://idpc.net/alerts/2014/12/romania-drug-related-offenses-reduced-as-new-criminal-code-is-enforced
[1060] Romania, Country Drug Report 2019. (2019, June 1). https://www.emcdda.europa.eu/publications/country-drug-reports/2019/romania_en.
[1061] Haines, A. (2007). Juvenile crime and punishment in Bucharest, Romania: A public opinion survey. *Internet Journal of Criminology.* http://www.internetjournalofcriminology.com/
[1062] EU Directorate-General Communication (2011). Youth attitudes on drugs. https://ec.europa.eu/commfrontoffice/publicopinion/flash/fl_330_en.pdf
[1063] EMCDDA (2019). Romania Country Drug Report 2019. https://www.emcdda.europa.eu/system/files/publications/11350/romania-cdr-2019_0.pdf
[1064] EMCDDA (2019). Romania Country Drug Report 2019. https://www.emcdda.europa.eu/system/files/publications/11350/romania-cdr-2019_0.pdf
[1065] EMCDDA (2019). Romania Country Drug Report 2019. https://www.emcdda.europa.eu/system/files/publications/11350/romania-cdr-2019_0.pdf
[1066] EMCDDA (2019). Romania Country Drug Report 2019. https://www.emcdda.europa.eu/system/files/publications/11350/romania-cdr-2019_0.pdf
[1067] EMCDDA. (2017). Romania Country Drug Report 2017http://fileserver.idpc.net/library/report%20in%20romania.pdf
[1068] EMCDDA. Alternatives to punishment for drug-using offenders. https://www.emcdda.europa.eu/attachements.cfm/att_240836_EN_TDAU14007ENN.pdf
[1069] EMCDDA (2019). Romania Country Drug Report 2019. https://www.emcdda.europa.eu/system/files/publications/11350/romania-cdr-2019_0.pdf
[1070] Sandu, A. (2016). The establishment of probation systems in Romania and the Republic of Moldova. *The European Proceedings of Social and Behavioural Sciences*. https://www.europeanproceedings.com/files/data/article/45/1262/article_45_1262_pdf_100.pdf
[1071] The Parliament of Romania. Criminal Code. http://www.vertic.org/media/National%20Legislation/Romania/RO_Criminal_Code.pdf
[1072] EMCDDA. Romania Country Drug Report 2017. http://fileserver.idpc.net/library/report%20in%20romania.pdf
[1073] Kruithof, K., Davies, M., Disley, E., Strang, L. & Ito, K. (2016). Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes. https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf
[1074] The Russian Federation. (1996, June 13). The Criminal Code of the Russian Federation. https://www.legislationline.org/download/id/4247/file/RF_CC_1996_am03.2012_en.pdf
[1075] Golichenko, M., & Chu, S.K.H. (2018). Human rights in patient care: Drug treatment and punishment in Russia. *Public Health Reviews, 39,* 12. https://doi.org/10.1186/s40985-018-0088-5 https://publichealthreviews.biomedcentral.com/articles/10.1186/s40985-018-0088-5
[1076] Golichenko, M., & Chu, S.K.H. (2018). Human rights in patient care: Drug treatment and punishment in Russia. *Public Health Reviews, 39,* 12. https://publichealthreviews.biomedcentral.com/articles/10.1186/s40985-018-0088-5
[1077] Russia. (n.d). International Society of Substance Use Professionals. https://www.issup.net/knowledge-share/country-profiles/russia
[1078] Judice, N. (2012). *Use of naltrexone in the treatment of opioid dependence in the Russian Federation: Situation analysis. Health Policy Project.* https://www.healthpolicyproject.com/pubs/72_RussiaNaltrexoneReportFinal.pdf
[1079] Nunes, E., Bisaga, A., Krupitsky, E., Nangia, N., Silverman, B.L., Akerman, S.C. & Sullivan, M.A. (2020). Opioid use and dropout from extended-release naltrexone in a controlled trial: Implications for mechanism. *Addiction, 115*(2), 239-246. https://doi.org/10.1111/add.14735
[1080] Marshak Clinic. (n.d). Drug addiction treatment. https://www.marshak.ru/en/lechenie-narkomanii/
[1081] International Narcotics Control Board. (2021). Report of the International Narcotics Control Board for 2020. *INCB.* p. 35. https://www.incb.org/documents/Publications/AnnualReports/AR2020/Annual_Report/E_INCB_2020_1_eng.pdf
[1082] American Addiction Centers. (2020, November 13). Substance Abuse in Russia. AlcoholRehab. https://alcoholrehab.com/drug-addiction/substance-abuse-in-russia/

[1083] United Cities and Local Governments. (n.d). City without drugs. *UCLG*. https://www.uclg-cisdp.org/en/observatory/city-without-drugs
[1084] Lunze, K., Idrisov, B., Golichenko, M., & Kamarulzaman, A. (2016). Mandatory addiction treatment for people who use drugs: Global health and human rights analysis. BMJ (Clinical research ed.), 353, i2943. https://doi.org/10.1136/bmj.i2943 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6884099/
[1085] Golichenko, M., & Chu, S.K.H. (2018). Human rights in patient care: Drug treatment and punishment in Russia. *Public Health Reviews, 39,* 12. https://doi.org/10.1186/s40985-018-0088-5 https://publichealthreviews.biomedcentral.com/articles/10.1186/s40985-018-0088-5
[1086] American Addiction Centers. (2020, November 13). Substance Abuse in Russia. *AlcoholRehab.* https://alcoholrehab.com/drug-addiction/substance-abuse-in-russia/
[1087] Hughes, B., Martel, C., Royuela, L. & Varga, O. (2014). Drug law offences in the Western Balkan region: From definition to monitoring. EMCDDA. https://www.emcdda.europa.eu/system/files/publications/968/Drug%20law%20offences%20in%20the%20Western%20Balkan%20region_meeting%20report.pdf
[1088] UNODC. (2019). Drug treatment systems in the Western Balkans: Outcomes of a joint EMCDDA-UNODC survey of drug treatment facilities. EMCDDA. https://www.unodc.org/documents/drug-prevention-and-treatment/EMCDDA_UNODC_Publication.pdf
[1089] UNODC. (2019). Drug treatment systems in the Western Balkans: Outcomes of a joint EMCDDA-UNODC survey of drug treatment facilities. EMCDDA. https://www.unodc.org/documents/drug-prevention-and-treatment/EMCDDA_UNODC_Publication.pdf
[1090] EMCDDA. (2014). National Report on drug situation in Serbia. EMCDDA & European Commission. https://www.emcdda.europa.eu/system/files/publications/805/National_Report_Serbia_2014_EN_483880.pdf
[1091] EMCDDA. (2014). National Report on drug situation in Serbia. E;CDDA & European Commission. https://www.emcdda.europa.eu/system/files/publications/805/National_Report_Serbia_2014_EN_483880.pdf
[1092] EMCDDA. (2019). Slovakia Country Drug Report 2019. https://www.emcdda.europa.eu/system/files/publications/11351/slovakia-cdr-2019.pdf
[1093] EMCDDA. (2019). Slovakia Country Drug Report 2019. https://www.emcdda.europa.eu/system/files/publications/11351/slovakia-cdr-2019.pdf
[1094] EMCDDA. (2019). Slovakia Country Drug Report 2019. https://www.emcdda.europa.eu/system/files/publications/11351/slovakia-cdr-2019.pdf
[1095] Takács, I. (2017, April 10). People who use drugs clean-up their neighborhood in Slovakia. *Drug Reporter*. https://drogriporter.hu/en/neighbourhood_bratislava/
[1096] Kruithof, K., Davies, M., Disley, E., Strang, L., & Ito, K. (2016). Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes. European Commission. https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf
[1097] EMCDDA. (2015). Alternatives to punishment for drug-using offenders. https://www.emcdda.europa.eu/attachements.cfm/att_240836_EN_TDAU14007ENN.pdf
[1098] Kruithof, K., Davies, M., Disley, E., Strang, L., & Ito, K. (2016). Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes. European Commission. https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf
[1099] EMCDDA. (2019). Slovenia Country Drug Report 2019.https://www.emcdda.europa.eu/system/files/publications/11352/slovenia-cdr-2019.pdf
[1100] Republic of Slovenia. (2008). Criminal Code. https://www.wipo.int/edocs/lexdocs/laws/en/si/si045en.pdf
[1101] EMCDDA. (2019). Slovenia Country Drug Report 2019.https://www.emcdda.europa.eu/system/files/publications/11352/slovenia-cdr-2019.pdf
[1102] Meško, G., Dobovšek, B., Jager, M., & Petrovec, D. (Eds.) (2002). Challenges of Slovenian criminology: A book of conference abstracts. Ljubljana, March 21-22. https://www.ojp.gov/pdffiles1/nij/grants/205824.pdf
[1103] EMCDDA. (2019). Slovenia Country Drug Report 2019. EMCDDA. https://www.emcdda.europa.eu/system/files/publications/11352/slovenia-cdr-2019.pdf
[1104] Kruithof, K., Davies, M., Disley, E., Strang, L., & Ito, K. (2016). Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes. European Commission. https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf
[1105] Yurtsever, A. (2020, June 26). Turkey: Drug Possession and Criminal Penalties in Turkey. *Mondaq.* https://www.mondaq.com/turkey/cannabis-hemp/958784/drug-possession-and-criminal-penalties-in-turkey

[1106] Country Reports. (n.d.). Criminal Penalties in Turkey. https://www.countryreports.org/country/Turkey/criminalpenalties.htm
[1107] UNODC. (2003). Health services, education and community action – preventing drug abuse in Turkey. National Assessment on Drug Abuse. https://www.unodc.org/pdf/gap_turkey_drug_abuse_report.pdf
[1108] UNODC. (2003). Health services, education and community action – preventing drug abuse in Turkey. National Assessment on Drug Abuse. https://www.unodc.org/pdf/gap_turkey_drug_abuse_report.pdf
[1109] Cengiz, M. (2017, April 5). Turkey has a major drug problem—here's how to get a handle on it. The Brookings Institution. https://www.brookings.edu/blog/order-from-chaos/2017/04/05/turkey-has-a-major-drug-problem-heres-how-to-get-a-handle-on-it/
[1110]Poznyak, V., Pelipas, V., Vievski, A., & Miroshnichenko, L. (2002). Illicit drug use and its health consequences in Belarus, Russian Federation and Ukraine: Impact of transition. *European Addiction Research, 8*(4), 184-9. doi: 10.1159/000066138.
[1111] Ukrainian People's Republic. Criminal Code of Ukraine. https://www.legislationline.org/documents/action/popup/id/16257/preview
[1112] Drug Policy Facts. (n.d.) Criminal Penalties for Possession in Ukraine. https://www.drugpolicyfacts.org/node/3439
[1113] Kiriazova, T., & Dvoriak, S. (2015). Ukraine: Drug situation and drug policy. Groupe Pompidou of the Council of Europe, Co-operation Group to Combat Drug Abuse and Illicit Trafficking of Drugs. https://rm.coe.int/drug-situation-and-drug-policy-by-tetiana-kiriazova-ph-d-sergii-dvoria/168075f302
[1114] Carroll, J. (2016). For lack of wanting: Discourses of desire in Ukrainian opiate substitution therapy. *Transcultural Psychiatry, 53*(2), 198–216. DOI: 10.1177/1363461515581543.
[1115] EMCDDA. (2016). Ukraine country overview. https://www.emcdda.europa.eu/countries/ukraine_en#
[1116] Kiriazova, T., & Dvoriak, S. (2015). Ukraine: Drug situation and drug policy. Groupe Pompidou of the Council of Europe, Co-operation Group to Combat Drug Abuse and Illicit Trafficking of Drugs. https://rm.coe.int/drug-situation-and-drug-policy-by-tetiana-kiriazova-ph-d-sergii-dvoria/168075f302
[1117] Symkovych, A. (2019). The eye of a needle: Temporary prison leave in Ukraine. *European Journal on Criminal Policy and Research, 26*, 195-210.
[1118] Tinasti, K. (2016). *View from the ground - Harm reduction, drug policy and the law in the Maghreb: Focus on Morocco and Algeria.* International Drug Policy Consortium. https://idpc.net/publications/2016/11/view-from-the-ground-harm-reduction-drug-policy-and-the-law-in-the-maghreb-focus-on-morocco-and-algeria
[1119] Council of Europe. (2016). L'Algérie et MedNET: le réseau de coopération sur les drogues et les addictions dans la région méditerranéenne du Groupe Pompidou. Groupe Pompidou du Conseil de l'Europe. https://rm.coe.int/l-algerie-et-mednet-mednet-le-reseau-de-cooperation-sur-les-drogues-et/168075f8a9
[1120] Aaraj, E. & Jreij Abou Chrouch, M. (2016). Drug policy and harm reduction in the Middle East and North Africa: The role of civil society. *International Journal of Drug Policy, 31*, 168-171.
[1121] WHO. (2010). ATLAS of substance use disorders, resources for the prevention and treatment of substance use disorders (SUD). Country Profile: Algeria. https://www.who.int/substance_abuse/publications/atlas_report/profiles/algeria.pdf?ua=1
[1122] Aaraj, E. & Jreij Abou Chrouch, M. (2016). Drug policy and harm reduction in the Middle East and North Africa: The role of civil society. *International Journal of Drug Policy, 31*, 168-171.
[1123] Council of Europe. (2016). L'Algérie et MedNET: le réseau de coopération sur les drogues et les addictions dans la région méditerranéenne du Groupe Pompidou. *Groupe Pompidou du Conseil de l'Europe.* https://rm.coe.int/l-algerie-et-mednet-mednet-le-reseau-de-cooperation-sur-les-drogues-et/168075f8a9
[1124] WHO. (2010). ATLAS of substance use disorders, resources for the prevention and treatment of substance use disorders (SUD). Country Profile: Algeria. https://www.who.int/substance_abuse/publications/atlas_report/profiles/algeria.pdf?ua=1
[1125] Abdennouri, S. (2014). *Algeria drug situation and policy.* Pompidou Group of the Council of Europe, Co-operation Group to Combat Drug Abuse and Illicit trafficking in Drugs. https://rm.coe.int/drug-situation-and-policy-by-salah-abdennouri-former-general-director-/168075f0e3
[1126] World Health Organization. (2010). ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD) Country Profile: Bahrain. https://www.who.int/substance_abuse/publications/atlas_report/profiles/bahrain.pdf?ua=1
[1127] Kingdom of Bahrain. (1973). Decretal Law No. 4 of 1973 on Controlling the Use and Circulation of Narcotic Substances and Preparations (Articles 23-26). https://sherloc.unodc.org/cld/legislation/bhr/decretal_law_no._4_of_1973_on_controlling_the_use_and_circulation_of_narcotic_substances_and_preparations/article_23_-_26/article_23-26.html?lng=en

[1128] Trade Arabia. (2009, July 11). New rehab centre to target schoolchildren. http://www.tradearabia.com/news/HEAL_164179.html
[1129] Trade Arabia. (2009, July 11). New rehab centre to target schoolchildren. http://www.tradearabia.com/news/HEAL_164179.html
[1130] World Health Organization. (2010). ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD) Country Profile: Bahrain. https://www.who.int/substance_abuse/publications/atlas_report/profiles/bahrain.pdf?ua=1
[1131] Kingdom of Bahrain. (1973). Decretal Law No. 4 of 1973 on Controlling the Use and Circulation of Narcotic Substances and Preparations (Articles 23-26). https://sherloc.unodc.org/cld/legislation/bhr/decretal_law_no._4_of_1973_on_controlling_the_use_and_circulation_of_narcotic_substances_and_preparations/article_23_-_26/article_23-26.html?lng=en
[1132] UNODC. (2017, November 7). UNODC and Egypt sign Memorandum of Understanding to combat corruption. https://www.unodc.org/unodc/en/frontpage/2017/November/unodc-and-egypt-sign-memorandum-of-understanding-to-combat-corruption.html
[1133] UNODC. (2018). UNODC and Egypt sign agreement to strengthen cooperation against crime. https://www.unodc.org/unodc/en/frontpage/2018/October/unodc-and-egypt-sign-agreement-to-strengthen-cooperation-against-crime.html
[1134] Arab Republic of Egypt. (2012). Filling the gap: Meeting the needs for treatment and treatment centers in Egypt. Ministry of Health and Population. https://rm.coe.int/meeting-the-needs-for-treatment-and-treatment-centers-in-egypt-/168075f4c4
[1135] Arab Republic of Egypt. (2012). Filling the gap: Meeting The Needs For Treatment And Treatment Centers in Egypt. Ministry of Health and Population. https://rm.coe.int/meeting-the-needs-for-treatment-and-treatment-centers-in-egypt-/168075f4c4
[1136] Harm Reduction International. (2019). Submission to the Working Group for the Universal Periodic Review: Egypt. https://www.hri.global/files/2019/03/28/egypt-universal-periodic-review.pdf
[1137] U.S. Department of State. (2001). Narcotics Control Strategy Report. https://2001-2009.state.gov/p/nea/ci/eg/74841.htm
[1138] World Health Organization. (2010). ATLAS of Substance Use disorders. Resources for the prevention and treatment of substance use disorders (SUD). Country Profile: Egypt. https://www.who.int/substance_abuse/publications/atlas_report/profiles/egypt.pdf
[1139] Arab Republic of Egypt. (2012). Filling the gap: Meeting the needs for treatment and treatment centers in Egypt. Ministry of Health and Population. https://rm.coe.int/meeting-the-needs-for-treatment-and-treatment-centers-in-egypt-/168075f4c4
[1140] Arab Republic of Egypt. (2012). Filling the gap: Meeting the needs for treatment and treatment centers in Egypt. Ministry of Health and Population. https://rm.coe.int/meeting-the-needs-for-treatment-and-treatment-centers-in-egypt-/168075f4c4
[1141] Arab Republic of Egypt. (2012). Filling the gap: Meeting the needs for treatment and treatment centers in Egypt. Ministry of Health and Population. https://rm.coe.int/meeting-the-needs-for-treatment-and-treatment-centers-in-egypt-/168075f4c4
[1142] Arab Republic of Egypt. (2012). Filling the gap: Meeting the needs for treatment and treatment centers in Egypt. Ministry of Health and Population. https://rm.coe.int/meeting-the-needs-for-treatment-and-treatment-centers-in-egypt-/168075f4c4
[1143] Felbab-Brown, V and Porter, B. (2019, January 24). Out with the old, in with the old: Iran's revolution, drug policies, and global drug market. Brookings. https://www.brookings.edu/blog/order-from-chaos/2019/01/24/out-with-the-old-in-with-the-old-irans-revolution-drug-policies-and-global-drug-markets/
[1144] UNODC. (2004). Islamic Republic of Iran programme. https://www.unodc.org/pdf/iran_programme.pdf
[1145] Far, T. (2019, April 26). Forgiveness: A growing anti-death penalty movement in Iran. Human Rights Watch. https://www.hrw.org/news/2019/04/26/forgiveness-growing-anti-death-penalty-movement-iran#
[1146] Iran Drug Control Headquarters. 2021. http://dchq.ir
[1147] About UNODC in the Islamic Republic of Iran, Funds and Partnership, Regional and international Cooperation, National Counterparts. UNODC. February 2021. https://www.unodc.org/islamicrepublicofiran/index.html
[1148] Iranian National Center for Addiction Studies. (2021). Tehran University of Medical Sciences. https://enincas.tums.ac.ir/
[1149] Iran Drug Control Headquarters. 2021. http://dchq.ir
[1150] World Health Organization. (2010.) ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD) Country Profile: Iraq. https://www.who.int/substance_abuse/publications/atlas_report/profiles/iraq.pdf?ua=1
[1151] UCLA Integrated Substance Abuse Programs (ISAP) (n.d.). International projects: Iraq. http://www.uclaisap.org/internationalprojects/html/iraq.html

[1152] World Health Organization. (2010.) *ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD) Country Profile: Iraq*. https://www.who.int/substance_abuse/publications/atlas_report/profiles/iraq.pdf?ua=1
[1153] EMCDDA. (2016). Israel country overview. https://www.emcdda.europa.eu/countries/israel_en
[1154] EMCDDA. (2016). Israel country overview. https://www.emcdda.europa.eu/countries/israel_en
[1155] Israel Ministry of Foreign Affairs. (1995). Intervention alternatives for drug-abusing inmates of Israeli prisons. https://mfa.gov.il/MFA/PressRoom/1995/Pages/INTERVENTION%20ALTERNATIVES%20FOR%20DRUG-ABUSING%20INMATES.aspx
[1156] EMCDDA. (2016). Israel country overview. https://www.emcdda.europa.eu/countries/israel_en
[1157] EMCDDA. (2016). Israel country overview. https://www.emcdda.europa.eu/countries/israel_en
[1158] EMCDDA. (2016). Israel country overview. https://www.emcdda.europa.eu/countries/israel_en
[1159] WHO. (2010). *ATLAS of substance use disorders, resources for the prevention and treatment of substance use disorders (SUD). Country profile: Israel.* https://www.who.int/substance_abuse/publications/atlas_report/profiles/israel.pdf?ua=1
[1160] Bonny-Noach, H. (2019). Harm reduction drug policy in Israel: What has been accomplished and what still needs to be done? *Israel Journal of Health Policy Research, 8,* 75. https://doi.org/10.1186/s13584-019-0343-3
[1161] Bonny-Noach, H. (2019). Harm reduction drug policy in Israel: What has been accomplished and what still needs to be done? *Israel Journal of Health Policy Research, 8,* 75. https://doi.org/10.1186/s13584-019-0343-3
[1162] Bonny-Noach, H. (2019). Harm reduction drug policy in Israel: What has been accomplished and what still needs to be done? *Israel Journal of Health Policy Research, 8,* 75. https://doi.org/10.1186/s13584-019-0343-3
[1163] World Health Organization and Ministry of Health Jordan. (2011). *WHO-AIMS report on mental health system in Jordan.* https://www.who.int/mental_health/evidence/mh_aims_report_jordan_jan_2011_en.pdf?ua=1
[1164] UNODC. (2017). POST UNGASS 2016. Anti-Narcotics Department, Jordan Food and Drug Administration. https://www.unodc.org/documents/postungass2016/contributions/MS/Jordan/Jordan.pdf
[1165] Rochefoucauld, M. (2014). *Jordan: Drug situation and policy*. Groupe Pompidou of the Council of Europe, Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs. https://rm.coe.int/drug-situation-and-policy-by-matthieu-de-la-rochefoucauld/168075f2a7
[1166] Rochefoucauld, M. (2014). *Jordan: Drug situation and policy*. Groupe Pompidou of the Council of Europe, Co-operation Group to Combat Drug Abuse and Illicit trafficking in Drugs. https://rm.coe.int/drug-situation-and-policy-by-matthieu-de-la-rochefoucauld/168075f2a7
[1167] Curly, N. and Mektepbayeva, S. (2014). Promoting human rights-based approach towards vulnerable groups in detention in the Middle East and North Africa region. Swedish International Cooperation Development Agency (SIDA). https://cdn.penalreform.org/wp-content/uploads/2015/08/MENA-SIDA-Evaluation-Final-for-website.pdf
[1168] U.S. Department of State. (2006). International Narcotics Control Strategy Report Jordan -- Volume I: Drug and Chemical Control. https://2001-2009.state.gov/p/nea/ci/jordan/77381.htm
[1169] Curly, N. and Mektepbayeva, S. (2014). Promoting human rights-based approach towards vulnerable groups in detention in the Middle East and North Africa Region. Swedish International Cooperation Development Agency (SIDA). https://cdn.penalreform.org/wp-content/uploads/2015/08/MENA-SIDA-Evaluation-Final-for-website.pdf
[1170] Curly, N. and Mektepbayeva, S. (2014). Promoting Human Rights-based Approach towards Vulnerable Groups in Detention in the Middle East and North Africa region. Swedish International Cooperation Development Agency (SIDA). https://cdn.penalreform.org/wp-content/uploads/2015/08/MENA-SIDA-Evaluation-Final-for-website.pdf
[1171] Rochefoucauld, M. (2014). *Jordan: Drug situation and policy*. Groupe Pompidou of the Council of Europe, Co-operation Group to Combat Drug Abuse and Illicit trafficking in Drugs. https://rm.coe.int/drug-situation-and-policy-by-matthieu-de-la-rochefoucauld/168075f2a7
[1172] UNODC. (2004). *Strengthening the treatment and rehabilitation services for drug users in Egypt and Jordan.* https://www.unodc.org/documents/evaluation/ProjEvals-2004/projeval-2004-4_rev.pdf

[1173] World Health Organization and Ministry of Health Jordan. (2011). *WHO-AIMS report on mental health system in Jordan.* https://www.who.int/mental_health/evidence/mh_aims_report_jordan_jan_2011_en.pdf?ua=1
[1174] UNODC. (n.d.) Jordan: The launch of the national plan for supporting the capabilities of the correction and rehabilitation centers. https://www.unodc.org/middleeastandnorthafrica/en/web-stories/jordan_-the-launch-of-the-national-plan-for-supporting-the-capabilities-of-the-correction-and-rehabilitation-centers.html
[1175] U.S. Department of State. (2006). International Narcotics Control Strategy Report Jordan -- Volume I: Drug and Chemical Control. https://2001-2009.state.gov/p/nea/ci/jordan/77381.htm
[1176] World Health Organization. (2010). ATLAS of substance use disorders, resources for the prevention and treatment of substance use disorders (SUD). Country Profile: Jordan. https://www.who.int/substance_abuse/publications/atlas_report/profiles/jordan.pdf?ua=1
[1177] Curly, N. and Mektepbayeva, S. (2014). Promoting human rights-based approach towards vulnerable groups in detention in the Middle East and North Africa region. Swedish International Cooperation Development Agency (SIDA). https://cdn.penalreform.org/wp-content/uploads/2015/08/MENA-SIDA-Evaluation-Final-for-website.pdf
[1178] UNODC. (2004). *Strengthening the treatment and rehabilitation services for drug users in Egypt and Jordan.* https://www.unodc.org/documents/evaluation/ProjEvals-2004/projeval-2004-4_rev.pdf
[1179] Government of the UK. (n.d.). Foreign travel advice: Kuwait. https://www.gov.uk/foreign-travel-advice/kuwait/local-laws-and-customs#:~:text=The%20importation%20or%20possession%20of,years%2C%20and%20a%20heavy%20fine.
[1180] UNDP. (n.d.). National Drug Use Prevention Policy and Management (n.d.). https://www.kw.undp.org/content/kuwait/en/home/projects/national-drug-use-prevention-policy-and-management.html
[1181] UNDP. (n.d.). National Drug Use Prevention Policy and Management (n.d.). https://www.kw.undp.org/content/kuwait/en/home/projects/national-drug-use-prevention-policy-and-management.html
[1182] Bajwa, H. Z., Al-Turki, A. S., Dawas, A. M., Behbehani, M. Q., Al-Mutairi, A. M., Al-Mahmoud, S., Shukkur, M., & Thalib, L. (2013). Prevalence and factors associated with the use of illicit substances among male university students in Kuwait. *Medical Principles and Practice: International Journal of the Kuwait University, 22*(5), 458-63.
[1183] Omu, F. E., Bader, A., Helen, D., Slabeeb, S., Safar, H., & Omu, A. E., (2017). Teenagers' awareness of peers' substance and drug use in Kuwait. *Journal of Addictions Nursing, 28*(2), 55-62. doi: 10.1097/JAN.0000000000000166.
[1184] Republic of Lebanon. (2017). National Report on Drug Situation in Lebanon 2017. Lebanon Ministry of Public Health. https://www.moph.gov.lb/userfiles/files/Programs%26Projects/MentalHealthProgram/NODDA_2017_english.pdf
[1185] Republic of Lebanon. (2017). National Report on Drug Situation in Lebanon 2017. Lebanon Ministry of Public Health. https://www.moph.gov.lb/userfiles/files/Programs%26Projects/MentalHealthProgram/NODDA_2017_english.pdf
[1186] Global Commission on Drug Policy. (2017). The World Drug Perception Problem: Countering prejudices about people who use drugs. 2017 Report. https://www.globalcommissionondrugs.org/wp-content/uploads/2018/01/GCDP-Report-2017_Perceptions-ENGLISH.pdf
[1187] UNODC. (2007). *Strengthening the national and legal institutional capacities of the Libyan Government through multi-sectoral drug control assistance.* https://www.unodc.org/middleeastandnorthafrica/en/project-profiles/libf71.html
[1188] Sabir, M. and Toufiq, J. (2014). Morocco: Drug situation and policy. Pompidou Group of the Council of Europe, Cooperation Group to Combat Drug Abuse and Illicit Trafficking in Drugs. https://rm.coe.int/drug-situation-and-policy-by-dr-maria-sabir-university-hospital-ar-raz/168075f2a3
[1189] Himmich, H. (2015, February 23). The rise of harm reduction in Morocco: Successes and challenges. Middle East Institute. https://www.mei.edu/publications/rise-harm-reduction-morocco-successes-and-challenges
[1190] Himmich, H. (2015). The rise of harm reduction in Morocco: Successes and challenges. Middle East Institute. https://www.mei.edu/publications/rise-harm-reduction-morocco-successes-and-challenges
[1191] Sabir, M. and Toufiq, J. (2014). Morocco: Drug situation and policy. Pompidou Group of the Council of Europe, Cooperation Group to Combat Drug Abuse and Illicit Trafficking in Drugs. https://rm.coe.int/drug-situation-and-policy-by-dr-maria-sabir-university-hospital-ar-raz/168075f2a3

[1192] Sabir, M. and Toufiq, J. (2014). Morocco: Drug situation and policy. Pompidou Group of the Council of Europe, Cooperation Group to Combat Drug Abuse and Illicit Trafficking in Drugs. https://rm.coe.int/drug-situation-and-policy-by-dr-maria-sabir-university-hospital-ar-raz/168075f2a3
[1193] EMCDDA. (2015). Kingdom of Morocco Country Overview. https://www.emcdda.europa.eu/countries/morocco_en
[1194] Himmich, H. (2015). The rise of harm reduction in Morocco: Successes and challenges. Middle East Institute. https://www.mei.edu/publications/rise-harm-reduction-morocco-successes-and-challenges
[1195] Himmich, H. (2015). The rise of harm reduction in Morocco: Successes and challenges. Middle East Institute. https://www.mei.edu/publications/rise-harm-reduction-morocco-successes-and-challenges
[1196] Sabir, M. and Toufiq, J. (2014). Morocco: Drug situation and policy. Pompidou Group of the Council of Europe, Cooperation Group to Combat Drug Abuse and Illicit Trafficking in Drugs.. https://rm.coe.int/drug-situation-and-policy-by-dr-maria-sabir-university-hospital-ar-raz/168075f2a3
[1197] EMCDDA. (2015). Kingdom of Morocco Country Overview. https://www.emcdda.europa.eu/countries/morocco_en
[1198] Sabir, M. and Toufiq, J. (2014). Morocco: Drug situation and policy. Pompidou Group of the Council of Europe, Cooperation Group to Combat Drug Abuse and Illicit Trafficking in Drugs. https://rm.coe.int/drug-situation-and-policy-by-dr-maria-sabir-university-hospital-ar-raz/168075f2a3
[12]Sabir, M. and Toufiq, J. (2014). Morocco: Drug situation and policy. Pompidou Group of the Council of Europe, Cooperation Group to Combat Drug Abuse and Illicit Trafficking in Drugs. https://rm.coe.int/drug-situation-and-policy-by-dr-maria-sabir-university-hospital-ar-raz/168075f2a3
[1200] Himmich, H. (2015). The rise of harm reduction in Morocco: Successes and challenges. Middle East Institute. https://www.mei.edu/publications/rise-harm-reduction-morocco-successes-and-challenges
[1201] Himmich, H. (2015). The Rise of Harm Reduction in Morocco: Successes and challenges. Middle East Institute. https://www.mei.edu/publications/rise-harm-reduction-morocco-successes-and-challenges
[1202] Sabir, M. and Toufiq, J. (2014). Morocco: Drug situation and policy. Pompidou Group of the Council of Europe, Cooperation Group to Combat Drug Abuse and Illicit Trafficking in Drugs. https://rm.coe.int/drug-situation-and-policy-by-dr-maria-sabir-university-hospital-ar-raz/168075f2a3
[1203] Sabir, M. and Toufiq, J. (2014). Morocco: Drug situation and policy. Pompidou Group of the Council of Europe, Cooperation Group to Combat Drug Abuse and Illicit Trafficking in Drugs. https://rm.coe.int/drug-situation-and-policy-by-dr-maria-sabir-university-hospital-ar-raz/168075f2a3
[1204] Africa Criminal Justice Reform. (n.d.). 'Moroccan Prisons Overcrowded' says Minister. https://acjr.org.za/resource-centre/moroccan-prisons-overcrowded-says-minister
[1205] Himmich, H. (2015). The rise of harm reduction in Morocco: Successes and challenges. Middle East Institute. https://www.mei.edu/publications/rise-harm-reduction-morocco-successes-and-challenges
[1206] Sabir, M. and Toufiq, J. (2014). Morocco: Drug situation and policy. Pompidou Group of the Council of Europe, Cooperation Group to Combat Drug Abuse and Illicit Trafficking in Drugs. https://rm.coe.int/drug-situation-and-policy-by-dr-maria-sabir-university-hospital-ar-raz/168075f2a3
[1207] WHO. (2010). ATLAS of substance use disorders. Resources for the prevention and treatment of substance use disorders (SUD). Country profile: Oman. https://www.who.int/substance_abuse/publications/atlas_report/profiles/oman.pdf?ua=1
[1208] Al Shaibany, S. (2017, February 9). Oman invests more than $200m in treating rising drug addiction. *National News.* https://www.thenationalnews.com/world/oman-invests-more-than-200m-in-treating-rising-drug-addiction-1.69267
[1209] Al Shaibany, S. (2017, February 9). Oman invests more than $200m in treating rising drug addiction. *National News*. https://www.thenationalnews.com/world/oman-invests-more-than-200m-in-treating-rising-drug-addiction-1.69267
[1210] Al Shaibany, S. (2017, February 9). Oman invests more than $200m in treating rising drug addiction. *National News*. https://www.thenationalnews.com/world/oman-invests-more-than-200m-in-treating-rising-drug-addiction-1.69267
[1211] Oman National Drug Policy, Sultanate of Oman Ministry of Health, The Directorate General of Pharmaceutical Affairs and Drug Control, July 2000. https://www.who.int/selection_medicines/country_lists/OMA_NMP_00.pdf
[1212] WHO. (2010). ATLAS of substance use disorders. Resources for the prevention and treatment of substance use disorders (SUD). Country profile: Oman. https://www.who.int/substance_abuse/publications/atlas_report/profiles/oman.pdf?ua=1

[1213] UNODC. (2014). Press Release: State of Palestine launches National Programme on Drug Control, Crime Prevention and Criminal Justice Reform. https://www.unodc.org/unodc/en/press/releases/2014/June/state-of-palestine-launches-national-programme-on-drug-control-crime-prevention-and-criminal-justice-reform.html
[1214] State of Qatar. (1987). Law No. 9 of 1987 on Control and Regulation of Control and Regulation of Narcotic Drugs and Dangerous Psychotropic Substances (NDDPS). https://www.almeezan.qa/LawView.aspx?opt&LawID=3989&language=en
[1215] U.S. Department of State. (2005). International Narcotics Control Strategy Report: Volume I: Drug and Chemical Control. https://2001-2009.state.gov/p/nea/ci/sa/80181.htm
[1216] U.S. Department of State. (2005). International Narcotics Control Strategy Report: Volume I: Drug and Chemical Control. https://2001-2009.state.gov/p/nea/ci/sa/80181.htm
[1217] U.S. Department of State. (2005). International Narcotics Control Strategy Report: Volume I: Drug and Chemical Control. https://2001-2009.state.gov/p/nea/ci/sa/80181.htm
[1218] Alshomrani, A. (2016). Saudi addiction therapeutic communities: Are they implementing the essential elements of addiction therapeutic communities. *Neurosciences, 21*(3), 227–231. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5107288/
[1219] Alahmari T, Ashworth F, Alkhalaf A. (2019). Changing trends of substance addiction in Saudi Arabia between 1993 and 2013. *Addiction Medicine and Therapy, 6(*1), 39-47. DOI: 10.15406/mojamt.2019.06.00145. https://medcraveonline.com/MOJAMT/changing-trends-of-substance-addiction-in-saudi-arabia-between-1993-and-2013.html
[1220] Alodhailah, N. (2020). Investment obstacles in drug addiction treatment in Saudi Arabia. *International Journal of Information Technology, 12*(3), 1017–1023. DOI:10.1007/s41870-020-00428-6. https://www.researchgate.net/publication/339236679_Investment_obstacles_in_drug_addiction_treatment_in_Saudi_Arabia
[1221] World Health Organization. (2010) ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD). Country Profile: Syria. https://www.who.int/substance_abuse/publications/atlas_report/profiles/syrian_arab_republic.pdf?ua=1
[1222] U.S. Department of State. (2010) International Narcotics Control Strategy Report: Volume 1 Drug and Chemical Control. Bureau of International Narcotics and Law Enforcement Affairs. https://2009-2017.state.gov/j/inl/rls/nrcrpt/2010/index.htm
[1223] World Health Organization. (2010) ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD). Country Profile: Syria. https://www.who.int/substance_abuse/publications/atlas_report/profiles/syrian_arab_republic.pdf?ua=1
[1224] Human Rights Watch. (2016, February 2). Tunisia's repressive drug law and a roadmap for its reform. https://www.hrw.org/report/2016/02/02/all-joint/tunisias-repressive-drug-law-and-roadmap-its-reform
[1225] Badri, N. (2017). Drug policy in Tunisia: Towards an evidence based human rights and public health approach. Center for Applied Policy Research. https://www.cap-lmu.de/download/2017/CAPerspectives-Tunisia-2017-02.pdf
[1226] Tinasti, K. (2018). Cannabis and the drug law in Tunisia: A reform rooted in social justice claims. Global Drug Policy Observatory. https://www.swansea.ac.uk/media/Cannabis-and-the-Drug-Law-in-Tunisia-A-Reform-Rooted-in-Social-Justice-Claims.pdf
[1227] Slama, N. (2016, February 15). Drugs and the law in Tunisia: Counter-narcotics or counter-productive? *Peace Insight.* https://www.peaceinsight.org/en/articles/drugs-law-tunisia/?location=tunisia&theme=
[1228] Al Ghaferi, H. A., Ali, A. Y., Gawad, T. A., & Wanigaratne, S. (2017). Developing substance misuse services in United Arab Emirates: the National Rehabilitation Centre experience. *BJPsych International, 14*(4): 92–96. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5663023/
[1229] STA Law Firm. (2020, January 23). The Countermeasures of Drug Laws in the U.A.E. https://www.stalawfirm.com/en/blogs/view/the-countermeasures-of-drug-laws-in-the-uae.html
[1230] ISSUP. (n.d.) United Arab Emirates. https://www.issup.net/knowledge-share/country-profiles/united-arab-emirates
[1231] U.S. Department of State. (2005). International Narcotics Control Strategy Report -- Volume 1: Drug and Chemical Control. https://2001-2009.state.gov/p/nea/ci/79196.htm
[1232] ISSUP. (n.d.) United Arab Emirates. https://www.issup.net/knowledge-share/country-profiles/united-arab-emirates

[1233] Al Ghaferi, H. A., Ali, A. Y., Gawad, T. A., & Wanigaratne, S. (2017). Developing substance misuse services in United Arab Emirates: The National Rehabilitation Centre experience. *BJPsych International, 14*(4): 92–96. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5663023/
[1234] Al Ghaferi, H. A., Ali, A. Y., Gawad, T. A., & Wanigaratne, S. (2017). Developing substance misuse services in United Arab Emirates: The National Rehabilitation Centre experience. *BJPsych International, 14*(4): 92–96. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5663023/
[1235] UNODC (2011, February 14). UNODC and the United Arab Emirates step up cooperation on crime and drugs threats. UNODC. https://www.unodc.org/unodc/en/press/releases/2011/February/unodc-and-the-united-arab-emirates-step-up-cooperation-on-crime-and-drugs-threats.html
[1236] U.S. Department of State. (2005). International Narcotics Control Strategy Report -- Volume 1: Drug and Chemical Control. https://2001-2009.state.gov/p/nea/ci/79196.htm
[1237] U.S. Department of State. (2005). International Narcotics Control Strategy Report -- Volume 1: Drug and Chemical Control. https://2001-2009.state.gov/p/nea/ci/79196.htm
[1238] Al Ghaferi, H. A., Ali, A. Y., Gawad, T. A., & Wanigaratne, S. (2017). Developing substance misuse services in United Arab Emirates: The National Rehabilitation Centre experience. *BJPsych International, 14*(4): 92–96. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5663023/
[1239] Al Ghaferi, H. A., Ali, A. Y., Gawad, T. A., & Wanigaratne, S. (2017). Developing substance misuse services in United Arab Emirates: The National Rehabilitation Centre experience. *BJPsych International, 14*(4): 92–96. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5663023/
[1240] U.S. Department of State. (2020). Yemen 2020 Crime & Safety Report. Overseas Security Advisory Council (*OSAC*). https://www.osac.gov/Country/Yemen/Content/Detail/Report/70c8f435-dd22-4b4f-a44e-18e37e2723ee
[1241] Law on Control and Illicit Trafficking and Abuse of Narcotics and Psychotropic Substances (n.d.). UNODC, Sherloc Database of Legislation. https://sherloc.unodc.org/cld/legislation/yem/law_on_control_and_illicit_trafficking_and_abuse_of_narcotics_and_psychotropic_susbtances/chapter_9/articles_33-48/law_control_narcotics_.html?lng=en
[1242] The New Humanitarian. (2014, June 30). Increasing drug use strains Yemen's services. https://www.thenewhumanitarian.org/feature/2014/06/30/increasing-drug-use-strains-yemen-s-services
[1243] World Health Organization. (2018). Alcohol Consumption Yemen Report. https://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/yem.pdf?ua=1
[1244] U.S. Department of State. (2020). Yemen 2020 Crime & Safety Report. Overseas Security Advisory Council (*OSAC*). https://www.osac.gov/Country/Yemen/Content/Detail/Report/70c8f435-dd22-4b4f-a44e-18e37e2723ee
[1245] World Health Organization. (n.d.). Khat chewing in Yemen: Turning over a new leaf. https://www.who.int/bulletin/volumes/86/10/08-011008.pdf
[1246] UNODC. (2010). UNODC and Yemen launch five year integrated country programme to tackle organized crime. https://www.unodc.org/unodc/en/frontpage/2010/December/unodc-and-yemen-launch-five-year-integrated-country-programme-to-tackle-organized-crime.html
[1247] The New Humanitarian. (2014, June 30). Increasing drug use strains Yemen's services. https://www.thenewhumanitarian.org/feature/2014/06/30/increasing-drug-use-strains-yemen-s-services
[1248] The New Humanitarian. (2014, June 30). Increasing drug use strains Yemen's services. https://www.thenewhumanitarian.org/feature/2014/06/30/increasing-drug-use-strains-yemen-s-services
[1249] Bridge, J. & Loglo, M-G. (2017). Drug laws in West Africa: A review and summary. International Drug Policy Consortium Briefing Paper. http://fileserver.idpc.net/library/Drug-laws-in-West-Africa_ENGLISH.pdf, p. 3
[1250] International Drug Policy Consortium and West Africa Commission on Drugs. (2017). Drug laws in West Africa: A review and summary Annex: Country profiles. *International Drug Policy Consortium*, 1–26. http://fileserver.idpc.net/library/Drug-laws-in-West-Africa_ANNEX.PDF
[1251] International Drug Policy Consortium and West Africa Commission on Drugs. (2017). Drug laws in West Africa: A review and summary Annex: Country profiles. International Drug Policy Consortium, 1–26. http://fileserver.idpc.net/library/Drug-laws-in-West-Africa_ANNEX.PDF
[1252] International Drug Policy Consortium and West Africa Commission on Drugs. (2017). Drug laws in West Africa: A review and summary Annex: Country profiles. International Drug Policy Consortium, 1–26. http://fileserver.idpc.net/library/Drug-laws-in-West-Africa_ANNEX.PDF

[1253] International Drug Policy Consortium and West Africa Commission on Drugs. (2017). Drug laws in West Africa: A review and summary Annex: Country profiles. International Drug Policy Consortium, 1–26. http://fileserver.idpc.net/library/Drug-laws-in-West-Africa_ANNEX.PDF
[1254] International Drug Policy Consortium and West Africa Commission on Drugs. (2017). Drug laws in West Africa: A review and summary Annex: Country profiles. International Drug Policy Consortium, 1–26. http://fileserver.idpc.net/library/Drug-laws-in-West-Africa_ANNEX.PDF
[1255] ECOWAS. (2020, July). Stratégie Régionale pour le VIH, la Tuberculose, les Hépatites B & C et les Droits et Santé Sexuels et Reproductifs des Populations Clés de la CEDEAO. WHO. http://fileserver.idpc.net/library/ECOWAS%20Final%20KP%20HIV-TB-Hep-SRH_FR.pdf
[1256] Kpozehouen, A., Ahanhanzo, Y., Paraïso, M., Munezero, F., Saizonou, J., Makoutodé, M. & Ouedraogo, L. (2015). Factors associated with psychoactive substance use among Beninese adolescents. *Santé Publique, 6*(6), 871-880. https://doi.org/10.3917/spub.156.0871
[1257] ECOWAS. (2020, July). Stratégie Régionale pour le VIH, la Tuberculose, les Hépatites B & C et les Droits et Santé Sexuels et Reproductifs des Populations Clés de la CEDEAO. WHO. http://fileserver.idpc.net/library/ECOWAS%20Final%20KP%20HIV-TB-Hep-SRH_FR.pdf p.20
[1258] ECOWAS. (2020, July). Stratégie Régionale pour le VIH, la Tuberculose, les Hépatites B & C et les Droits et Santé Sexuels et Reproductifs des Populations Clés de la CEDEAO. WHO. http://fileserver.idpc.net/library/ECOWAS%20Final%20KP%20HIV-TB-Hep-SRH_FR.pdf p.21
[1259] World Health Organization. (2010). *ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD)*. WHO. https://www.who.int/substance_abuse/publications/atlas_report/profiles/benin.pdf?ua=1 , p. 2
[1260] World Health Organization. (2010). ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD). WHO. https://www.who.int/substance_abuse/publications/atlas_report/profiles/benin.pdf?ua=1 , p. 1
[1261] World Health Organization. (2010). ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD). WHO. https://www.who.int/substance_abuse/publications/atlas_report/profiles/benin.pdf?ua=1 , p. 1
[1262] World Health Organization. (2010). ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD). WHO. https://www.who.int/substance_abuse/publications/atlas_report/profiles/benin.pdf?ua=1 , p. 1
[1263] World Health Organization. (2010). ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD). WHO. https://www.who.int/substance_abuse/publications/atlas_report/profiles/benin.pdf?ua=1, p. 2
[1264] Bridge, J. & Loglo, M-G. (2017). Drug laws in West Africa: A review and summary. International Drug Policy Consortium Briefing Paper. http://fileserver.idpc.net/library/Drug-laws-in-West-Africa_ENGLISH.pdf, p. 3
[1265] Law No. 017/99/AN, 1999, Article 47, p. 10
[1266] Law No. 017/99/AN, 1999, Article 47, p. 13
[1267] Law No. 017/99/AN, 1999, Article 47, p. 10
[1268] Law No. 017/99/AN, 1999, Article 47, p. 10
[1269] Law No. 017/99/AN, 1999, Article 47, p. 7
[1270] European Union, UNODC, & ECOWAS Commission. (2018, January). Therapeutic Injunction: An alternative to incarcerating drug user. *Newsletter of the UNODC/ECOWAS Project Against Drug Trafficking* (No. 3), p. 10
[1271] Sudan Kasturi, C. (2018, March 25). Burkina Faso: The world leader in combating HIV. OZY. https://www.ozy.com/around-the-world/burkina-faso-the-world-leader-in-combating-hiv/85546/
[1272] Burundi: Law No. 1/05 of 2009 revising the Penal Code [Burundi], 22 April 2009, available at: https://www.refworld.org/docid/4c31b05d2.html
[1273] Harm Reduction International & Burundi Association of People who Used Drugs. (2020). Burundi Information Note – including harm reduction in Global Fund country proposals. Harm Reduction International. https://www.hri.global/contents/2017, p. 3
[1274] Eligh, J. (2019). The evolution of illicit drug markets and drug policy in Africa. Enact Continental Report. http://fileserver.idpc.net/library/2019-06-30-continental-report-3.pdf, p. 32
[1275] Harm Reduction International & Burundi Association of People who Used Drugs. (2020). Burundi Information Note – including harm reduction in Global Fund country proposals. Harm Reduction International. https://www.hri.global/contents/2017, p. 2

[1276] UNAIDS & WHO. (2019, June 25). Pushing for harm reduction success in Burundi. UNAIDS. https://www.unaids.org/en/resources/presscentre/featurestories/2019/june/20190625_harm-reduction-burundi
[1277] Harerimana, É. (2019, September 7). Increase of illegal drug consumers in Burundian urban areas. IWACU English News. https://www.iwacu-burundi.org/englishnews/increase-of-illegal-drug-consumers-in-burundian-urban-areas/
[1278] WHO. (2010). ATLAS of Substance Use Disorders: Resources for the Prevention and Treatment of Substance Use Disorders (SUD). Country Profile: Burundi. https://www.who.int/substance_abuse/publications/atlas_report/profiles/burundi.pdf?ua=1, p. 1
[1279] WHO. (2010). ATLAS of Substance Use Disorders: Resources for the Prevention and Treatment of Substance Use Disorders (SUD). Country Profile: Burundi. https://www.who.int/substance_abuse/publications/atlas_report/profiles/burundi.pdf?ua=1, p. 1
[1280] WHO. (2010). ATLAS of Substance Use Disorders: Resources for the Prevention and Treatment of Substance Use Disorders (SUD). Country Profile: Burundi. https://www.who.int/substance_abuse/publications/atlas_report/profiles/burundi.pdf?ua=1, p. 2
[1281] UNAIDS & WHO. (2019, June 25). Pushing for harm reduction success in Burundi. UNAIDS. https://www.unaids.org/en/resources/presscentre/featurestories/2019/june/20190625_harm-reduction-burundi
[1282] Yaga Burundi. (2019, January 4). Lettre d'un junkie [Video]. YouTube. https://www.youtube.com/watch?v=Hsqna7k_1uE&ab_channel=YagaBurundi
[1283] WHO. (2010). ATLAS of Substance Use Disorders: Resources for the Prevention and Treatment of Substance Use Disorders (SUD). Country Profile: Burundi. https://www.who.int/substance_abuse/publications/atlas_report/profiles/burundi.pdf?ua=1, p. 2
[1284]Law No. 97-19, 1997, Article 113, p. 1012
[1285] WHO. (2010). ATLAS of Substance Use Disorders: Resources for the Prevention and Treatment of Substance Use Disorders (SUD). Country Profile: Cameroon. https://www.who.int/substance_abuse/publications/atlas_report/profiles/cameroon.pdf?ua=1, p. 2
[1286] WHO. (2010). ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD). Country Profile: Cameroon. https://www.who.int/substance_abuse/publications/atlas_report/profiles/cameroon.pdf?ua=1, p. 2
[1287] Central African Republic (n.d.). Law No. 01.011- Penal code. UNODC Sherloc Database of Legislation. https://sherloc.unodc.org/cld/document/caf/loi_01011.html
[1288] International society of substance use professionals. (n.d.). https://www.issup.net/
[1289] United Nations. (n.d.). Implementation of the Beijing Platform for Action (1995) and the outcome of the Twenty-Third Special Session of The General Assembly (2000) on the Central African Republic. https://www.un.org/womenwatch/daw/Review/responses/CENTRAL-AFRICAN-REPUBLIC-English.pdf
[1290] World Health Organization. (2010). ATLAS of substance use disorders: Resources for the prevention and treatment of substance use disorders (SUD) Country Profile: Central African Republic. https://www.who.int/substance_abuse/publications/atlas_report/profiles/central_african_republic.pdf?ua=1
[1291] World Health Organization. (2010). ATLAS of substance use disorders: Resources for the prevention and treatment of substance use disorders (SUD) Country Profile: Central African Republic. https://www.who.int/substance_abuse/publications/atlas_report/profiles/central_african_republic.pdf?ua=1
[1292] United Nations. (n.d.). Implementation of the Beijing Platform for Action (1995) and the outcome of the Twenty-Third Special Session of The General Assembly (2000) on the Central African Republic. https://www.un.org/womenwatch/daw/Review/responses/CENTRAL-AFRICAN-REPUBLIC-English.pdf
[1293] United Nations. (n.d.). Implementation of the Beijing Platform for Action (1995) and the outcome of the Twenty-Third Special Session of The General Assembly (2000) on the Central African Republic. https://www.un.org/womenwatch/daw/Review/responses/CENTRAL-AFRICAN-REPUBLIC-English.pdf
[1294] Chad. (2017, May 8). Code pénal. UNODC Sherloc Database of Legislation. https://sherloc.unodc.org/cld/document/tcd/2017/code_penal.html
[1295] World Health Organization. (2010). ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD)-CHAD. https://www.who.int/substance_abuse/publications/atlas_report/profiles/chad.pdf?ua=1
[1296] World Health Organization. (2010). ATLAS of substance use disorders: Resources for the prevention and treatment of substance use disorders (SUD)-CHAD. https://www.who.int/substance_abuse/publications/atlas_report/profiles/chad.pdf?ua=1
[1297] Medical schools, governments, ministries, medical associations: Chad. (n.d.). https://www.gfmer.ch/Medical_search/Countries/Chad.htm
[1298] Chad. (2017, May 8). Code pénal. UNODC Sherloc Database of Legislation. https://sherloc.unodc.org/cld/document/tcd/2017/code_penal.html

[1299] World Health Organization. (2010). ATLAS of substance use disorders: Resources for the prevention and treatment of substance use disorders (SUD)-CHAD. https://www.who.int/substance_abuse/publications/atlas_report/profiles/chad.pdf?ua=1
[1300] World Health Organization. (2010). ATLAS of substance use disorders: Resources for the prevention and treatment of substance use disorders (SUD)-CHAD. https://www.who.int/substance_abuse/publications/atlas_report/profiles/chad.pdf?ua=1
[1301] World Health Organization. (2010). ATLAS of substance use disorders: Resources for the prevention and treatment of substance use disorders (SUD)-CHAD. https://www.who.int/substance_abuse/publications/atlas_report/profiles/chad.pdf?ua=1
[1302] World Health Organization. (2010). ATLAS of substance use disorders: Resources for the prevention and treatment of substance use disorders (SUD)-CHAD. https://www.who.int/substance_abuse/publications/atlas_report/profiles/chad.pdf?ua=1
[1303] World Health Organization. (2010). ATLAS of substance use disorders: Resources for the prevention and treatment of substance use disorders (SUD)-CHAD. https://www.who.int/substance_abuse/publications/atlas_report/profiles/chad.pdf?ua=1
[1304] Comoros (1995). Loi No. 082 P/A.F. – Loi 95-012/AF portant Code pénal (crimes et délits). International Labour Organization, NATLEX database of national labour, social security and related human rights legislation. https://www.ilo.org/dyn/natlex/natlex4.detail?p_isn=96297 .
[1305] ENACT (2019). *Comoros*. Africa Organized Crime Index. https://ocindex.net/assets/downloads/ocindex_profile_comoros.pdf , p. 3
[1306] WHO. (2010). ATLAS of Substance Use Disorders: Resources for the Prevention and Treatment of Substance Use Disorders (SUD). Country Profile: Comoros. https://www.who.int/substance_abuse/publications/atlas_report/profiles/comoros.pdf?ua=1, p. 2
[1307] WHO. (2010). ATLAS of Substance Use Disorders: Resources for the Prevention and Treatment of Substance Use Disorders (SUD). Country Profile: Comoros. https://www.who.int/substance_abuse/publications/atlas_report/profiles/comoros.pdf?ua=1, p. 2
[1308] WHO. (2010). ATLAS of Substance Use Disorders: Resources for the Prevention and Treatment of Substance Use Disorders (SUD). Country Profile: Comoros. https://www.who.int/substance_abuse/publications/atlas_report/profiles/comoros.pdf?ua=1, p. 2
[1309] WHO. (2010). ATLAS of Substance Use Disorders: Resources for the Prevention and Treatment of Substance Use Disorders (SUD). Country Profile: Comoros. https://www.who.int/substance_abuse/publications/atlas_report/profiles/comoros.pdf?ua=1, p. 1
[1310] Ivory Coast. (1988). Loi No. 88-686 portant répression du trafic et de l´usage illicite des stupéfiants (Law No. 88-686 on the repression of drug trafficking and illicit use.) UNODC Sherloc database of Legislation. https://sherloc.unodc.org/cld/en/legislation/civ/loi_no._88-686_portant_repression_du_trafic_et_de_lusage_illicite_des_stupefiants/articles_3-5_8-12/loi_88-686.html.
[1311] Bridge, J., & Loglo, M.-G. (2017). Drug laws in West Africa: A review and summary. International Drug Policy Consortium Briefing Paper. http://fileserver.idpc.net/library/Drug-laws-in-West-Africa_ENGLISH.PDF
[1312] Bouscaillou, J., Evanno, J., Prouté, M., Inwoley, A., Kabran, M., N'Guessan, T., Djé-Bi, S., Sidibé, S., Thiam-Niangoin, M., N'guessan, B. R., Blanchetière, P., & Luhmann, N. (2016). Prevalence and risk factors associated with HIV and tuberculosis in people who use drugs in Abidjan, Ivory Coast. *International Journal of Drug Policy, 30*, 116–123. https://doi.org/10.1016/j.drugpo.2016.02.010, p. 117
[1313] Bouscaillou, J., Evanno, J., Prouté, M., Inwoley, A., Kabran, M., N'Guessan, T., Djé-Bi, S., Sidibé, S., Thiam-Niangoin, M., N'guessan, B. R., Blanchetière, P., & Luhmann, N. (2016). Prevalence and risk factors associated with HIV and tuberculosis in people who use drugs in Abidjan, Ivory Coast. International Journal of Drug Policy, 30, 116–123. https://doi.org/10.1016/j.drugpo.2016.02.010, p. 117
[1314] WHO. (2010). ATLAS on Substance Use Resources for the Prevention and Treatment of Substance Use Disorders (SUD). https://www.who.int/substance_abuse/publications/atlas_report/profiles/cd.pdf?ua=1, p. 2
[1315] WHO. (2010). ATLAS on Substance Use Resources for the Prevention and Treatment of Substance Use Disorders (SUD). https://www.who.int/substance_abuse/publications/atlas_report/profiles/cd.pdf?ua=1, p. 1
[1316] WHO. (2010). ATLAS on Substance Use Resources for the Prevention and Treatment of Substance Use Disorders (SUD). https://www.who.int/substance_abuse/publications/atlas_report/profiles/cd.pdf?ua=1, p. 2
[1317] UNODC. (n.d.-a). Côte d Ivoire. United Nations Office on Drugs and Crime. https://www.unodc.org/westandcentralafrica/en/cote-d-ivoire.html
[1318] Bridge, J., & Loglo, M.-G. (2017). Drug laws in West Africa: A review and summary. International Drug Policy Consortium Briefing Paper. http://fileserver.idpc.net/library/Drug-laws-in-West-Africa_ENGLISH.PDF, p. 2

[1319] Dahir, M.H. (2015, November). Researching the legal system of the Republic of DJIBOUTI - GLOBALEX. https://www.nyulawglobal.org/globalex/Djibouti.html#:~:text=Djibouti's%20legal%20and%20judicial%20system,inherited%20the%20French%20Napoleon%20Code.
[1320] Newman, G. R. (2010). *Crime and punishment around the world. Africa and The Middle East*. Santa Barbara, CA: ABC-Clio, pp. 64-69.
[1321] Newman, G. R. (2010). *Crime and punishment around the world. Africa and The Middle East*. Santa Barbara, CA: ABC-Clio, p. 66.
[1322] US State Department Human Rights Country Report 2013: Djibouti Report 27/02/2014 Author: US State Department Countries: Djibouti & Author: US State Department. (1970, January 1). Djibouti. Djibouti | World Prison Brief. https://www.prisonstudies.org/country/djibouti
[1323] Newman, G. R. (2010). *Crime and punishment around the world. Africa and The Middle East*. Santa Barbara, CA: ABC-Clio, p. 66.
[1324] Delaubert, B., & Fougère, F. (2018). Reporters - Djibouti's Khat, an expensive habit. France24. https://www.france24.com/en/20180706-reporters-djibouti-khat-problem-drug-addiction-state-monopoly-health-poverty
[1325] Children of Djibouti. (2019, April 4). Humanium. https://www.humanium.org/en/djibouti/
[1326] World Bank Data Staff. (n.d.). *Physicians (per 1,000 people) - DJIBOUTI.* https://data.worldbank.org/indicator/SH.MED.PHYS.ZS?end=2013&locations=DJ&start=2013&view=chart
[1327] See website for the Université de Djibouti for more information. https://www.univ.edu.dj/
[1328] Penal Code of Djibouti. (1995). Article 35. Africa Criminal Justice Reform. https://acjr.org.za/resource-centre/penal-code-of-djibouti-1995/view
[1329] Penal Code of Djibouti. (1995). Article 36. Africa Criminal Justice Reform. https://acjr.org.za/resource-centre/penal-code-of-djibouti-1995/view
[1330] Penal Code of Djibouti. (1995). Article 355 and 356. Africa Criminal Justice Reform. https://acjr.org.za/resource-centre/penal-code-of-djibouti-1995/view
[1331] Children of Djibouti. (2019, April 4). Humanium. https://www.humanium.org/en/djibouti/
[1332] Delaubert, B., & Fougère, F. (2018). Reporters - Djibouti's Khat, an expensive habit. France24. https://www.france24.com/en/20180706-reporters-djibouti-khat-problem-drug-addiction-state-monopoly-health-poverty
[1333] Delaubert, B., & Fougère, F. (2018). Reporters - Djibouti's Khat, an expensive habit. France24. https://www.france24.com/en/20180706-reporters-djibouti-khat-problem-drug-addiction-state-monopoly-health-poverty
[1334] Know your country. (2017, May). The Democratic Republic of Congo risk and compliance report. http://www.knowyourcountry.info/files/congodraug2014_2.pdf, p. 10
[1335] Guyguy, C.K., & Serge, N.K. (2019). Drugs and sexual violence in the conflict-affected region of Eastern DRC. *Open Journal of Social Sciences, 7*(03), 281–299. https://doi.org/10.4236/jss.2019.73024
[1336] Know your country. (2017, May). The Democratic Republic of Congo risk and compliance report. http://www.knowyourcountry.info/files/congodraug2014_2.pdf, p. 11
[1337] WHO. (2010). ATLAS of Substance Use Disorders: Resources for the Prevention and Treatment of Substance Use Disorders (SUD). Country Profile: Democratic Republic of the Congo. https://www.who.int/substance_abuse/publications/atlas_report/profiles/democratic_republic_congo.pdf, p. 2
[1338] WHO. (2010). ATLAS of Substance Use Disorders: Resources for the Prevention and Treatment of Substance Use Disorders (SUD). Country Profile: Democratic Republic of the Congo. https://www.who.int/substance_abuse/publications/atlas_report/profiles/democratic_republic_congo.pdf, p. 2
[1339] Luneghe, M.K. (2020, October 14). Struggles of alcohol, drug use addressed in DRC program to end cycle of violence. *Global Press Journal.* https://globalpressjournal.com/africa/democratic-republic-of-congo/struggles-alcohol-drug-use-addressed-drc-program-end-cycle-violence/
[1340] Human Rights Watch. (2011, April 15). DR Congo: Establishment of a specialized mixed court for the prosecution of serious international crimes. Human Rights Watch. https://www.hrw.org/news/2011/04/15/dr-congo-establishment-specialized-mixed-court-prosecution-serious-international
[1341] Bureau of International Narcotics and Law Enforcement Affairs (n.d.) Bureau of International Narcotics and Law Enforcement Affairs Democratic Republic of the Congo Summary. United States Department of State. https://www.state.gov/bureau-of-international-narcotics-and-law-enforcement-affairs-work-by-country/democratic-republic-of-the-congo-summary
[1342] Code Pénal. (1963). UNODC Sherloc database of legislation.

https://sherloc.unodc.org/cld/uploads/res/document/decreto_6911963_por_el_que_se_aprueba_el_texto_revisado_de_1963_del_codigo_penal_html/Penal_Code_of_Equatorial_Guinea_1963.pdf

[1343] Bridge, J. & Loglo, M-G. (2017, November 23). Drug laws in West Africa: A review and summary. International Drug Policy Consortium & West Africa Commission on Drugs. https://idpc.net/publications/2017/11/drug-laws-in-west-africa-a-review-and-summary

[1344] International society of substance use professionals. (n.d.). Retrieved March 07, 2021, from https://www.issup.net/

[1345] World Health Organization. (2010). ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD) Country Profile: Equatorial Guinea. https://www.who.int/substance_abuse/publications/atlas_report/profiles/equatorial_guinea.pdf?ua=1

[1346] Code Pénal. (1963). UNODC Sherloc Database of Legislation. https://sherloc.unodc.org/cld/uploads/res/document/decreto_6911963_por_el_que_se_aprueba_el_texto_revisado_de_1963_del_codigo_penal_html/Penal_Code_of_Equatorial_Guinea_1963.pdf

[1347] World Health Organization. (2010). ATLAS of substance use disorders, Resources for the prevention and treatment of substance use disorders (SUD). Country profile: Gabon. https://www.who.int/substance_abuse/publications/atlas_report/profiles/gabon.pdf?ua=1

[1348] Gabon. (1993). REPUBLIQUE GABONAISE CODE PENAL. UNODC Sherloc Database of Legislation. https://sherloc.unodc.org/cld/uploads/res/document/code-penal_html/Gabon_Code_Penal.pdf

[1349] Gabon. (1993). REPUBLIQUE GABONAISE CODE PENAL. UNODC Sherloc Database of Legislation. https://sherloc.unodc.org/cld/uploads/res/document/code-penal_html/Gabon_Code_Penal.pdf

[1350] Gabon. (1993). REPUBLIQUE GABONAISE CODE PENAL. UNODC Sherloc Database of Legislation. https://sherloc.unodc.org/cld/uploads/res/document/code-penal_html/Gabon_Code_Penal.pdf

[1351] International society of substance use professionals. (n.d.). Retrieved March 07, 2021, from https://www.issup.net/

[1352] World Health Organization. (2010). ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD) - Gabon. https://www.who.int/substance_abuse/publications/atlas_report/profiles/gabon.pdf?ua=1

[1353] World Health Organization. (2010). ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD) - Gabon. https://www.who.int/substance_abuse/publications/atlas_report/profiles/gabon.pdf?ua=1

[1354] World Health Organization. (2010). ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD) - Gabon. https://www.who.int/substance_abuse/publications/atlas_report/profiles/gabon.pdf?ua=1

[1355] World Health Organization. (2010). ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD) - Gabon. https://www.who.int/substance_abuse/publications/atlas_report/profiles/gabon.pdf?ua=1

[1356] Gabon, L. (n.d.). Le pratique du Gabon. https://www.lepratiquedugabon.com/rubrique/universite/

[1357] Secorun Palet, L. (2020, February 4). Gabon – the next drug tourism destination. https://www.kiwi.com/stories/gabon-the-next-drug-tourism-destination/

[1358] Secorun Palet, L. (2020, February 4). Gabon – the next drug tourism destination. https://www.kiwi.com/stories/gabon-the-next-drug-tourism-destination/

[1359] Secorun Palet, L. (2020, February 4). Gabon – the next drug tourism destination. https://www.kiwi.com/stories/gabon-the-next-drug-tourism-destination/

[1360] Secorun Palet, L. (2020, February 4). Gabon – the next drug tourism destination. https://www.kiwi.com/stories/gabon-the-next-drug-tourism-destination/

[1361] Secorun Palet, L. (2020, February 4). Gabon – the next drug tourism destination. https://www.kiwi.com/stories/gabon-the-next-drug-tourism-destination/

[1362] République de Guinée. (2016). Code Pénal de République de Guinée. Decree - Law No. 059/2016. Accessed from the UNODC Sherloc Database of Legislation. https://sherloc.unodc.org/cld/uploads/res/loi-n2016-059-an-portant-code-pnal_html/Code_penal_Guinee.pdf

[1363] U.S. Department of State (2014). International Narcotics Control Strategy Report. https://2009-2017.state.gov/j/inl/rls/nrcrpt/2014/index.htm

[1364] Bridge. J. & Loglo, M-G. (2017). Drug laws in West Africa: A review and summary. International Drug Policy Consortium and West Africa Commission on Drugs. https://idpc.net/publications/2017/11/drug-laws-in-west-africa-a-review-and-summary

[1365] ISSUP. (n.d.). https://www.issup.net/

[1366] WHO. (2010). ATLAS of substance use disorders: Resources for the prevention and treatment of substance use disorders (SUD). Country profile: Guinea. https://www.who.int/substance_abuse/publications/atlas_report/profiles/guinea.pdf?ua=1

[1367] WHO (2010). ATLAS of substance use disorders: Resources for the prevention and treatment of substance use disorders (SUD). Country profile: Guinea. https://www.who.int/substance_abuse/publications/atlas_report/profiles/guinea.pdf?ua=1
[1368] WHO (2010). ATLAS of substance use disorders resources for the prevention and treatment of substance use disorders (SUD). Country profile: Guinea. https://www.who.int/substance_abuse/publications/atlas_report/profiles/guinea.pdf?ua=1
[1369] Bridge. J. & Loglo, M-G. (2017). Drug laws in West Africa: A review and summary. International Drug Policy Consortium and West Africa Commission on Drugs. https://idpc.net/publications/2017/11/drug-laws-in-west-africa-a-review-and-summary.
[1370] Bridge. J. & Loglo, M-G. (2017). Drug laws in West Africa: A review and summary. International Drug Policy Consortium and West Africa Commission on Drugs. https://idpc.net/publications/2017/11/drug-laws-in-west-africa-a-review-and-summary
[1371] U.S. Department of the Army. (2020). Penal system in Madagascar. Extracted from the Country Studies – Area Handbook Program. https://wildmadagascar.org/overview/loc/53-penal_system.html
[1372] The Malagasy Code of Criminal Procedure. (1962). Malagasy Code of Criminal Procedure of September 20, 1962. UNODC Sherloc Database of Legislation https://sherloc.unodc.org/cld/document/mdg/1962/code_de_procedure_penale_.html
[1373] World Health Organization. (2010). ATLAS of Substance Use Disorders: Resources for the prevention and treatment of substance use disorders (SUD). Country Profile: Madagascar. https://www.who.int/substance_abuse/publications/atlas_report/profiles/madagascar.pdf
[1374] UNGASS (2016, April 19) Remarks by Secretary-General of the Interministerial Anti-Drug Commission of the Republic of Madagascar, A/S-30/ PV.3, 3rd Plenary, p. 25. https://undocs.org/pdf?symbol=en/A/S-30/PV.3
[1375] UNGASS(2016, April 19) Remarks by Secretary-General of the Interministerial Anti-Drug Commission of the Republic of Madagascar, A/S-30/ PV.3, 3rd Plenary, p. 25. https://undocs.org/pdf?symbol=en/A/S-30/PV.3
[1376] World Health Organization. (2010). ATLAS of Substance Use Disorders: Resources for the prevention and treatment of substance use disorders (SUD). Country Profile: Madagascar. https://www.who.int/substance_abuse/publications/atlas_report/profiles/madagascar.pdf
[1377] World Health Organization. (2010). ATLAS of Substance Use Disorders: Resources for the prevention and treatment of substance use disorders (SUD). Country Profile: Madagascar. https://www.who.int/substance_abuse/publications/atlas_report/profiles/madagascar.pdf
[1378] World Health Organization. (2010). ATLAS of Substance Use Disorders: Resources for the prevention and treatment of substance use disorders (SUD). Country Profile: Madagascar. https://www.who.int/substance_abuse/publications/atlas_report/profiles/madagascar.pdf
[1379] Universities in Madagascar. (n.d.). https://www.scholaro.com/u/Countries/Madagascar/Universities
[1380] UNGASS (2016, April 19) Remarks by Mr. Dimby Noelson Hama, Secretary-General of the Interministerial Anti-Drug Commission of the Republic of Madagascar, A/S-30/ PV.3, 3rd Plenary, p. 25. https://undocs.org/pdf?symbol=en/A/S-30/PV.3
[1381] UNGASS (2016, April 19) Remarks by Mr. Dimby Noelson Hama, Secretary-General of the Interministerial Anti-Drug Commission of the Republic of Madagascar, A/S-30/ PV.3, 3rd Plenary, p. 25. https://undocs.org/pdf?symbol=en/A/S-30/PV.3
[1382] Amnesty International. (2021). Punished for being poor: Pre-trial detention in Madagascar. https://www.amnesty.org/en/latest/campaigns/2018/10/madagascar-prison/
[1383]International Drug Policy Consortium and Western Africa Consortium on Drugs. (2017). Drug laws in West Africa: A review and summary. Annex: Country profiles. http://fileserver.idpc.net/library/Drug-laws-in-West-Africa_ANNEX.PDF, p. 14
[1384]International Drug Policy Consortium and Western Africa Consortium on Drugs. (2017). Drug laws in West Africa: A review and summary. Annex: Country profiles. http://fileserver.idpc.net/library/Drug-laws-in-West-Africa_ANNEX.PDF, p. 15
[1385] Gberie, L. (2016). Crime, violence, and politics: Drug trafficking and counternarcotics policies in Mali and Guinea. *Foreign Policy at Brookings*, 1–17. https://globalinitiative.net/wp-content/uploads/2018/01/Brookings-Crime-Violence-and-Politics-Drug-Trafficking-and-Counternarcotics-Policies-in-Mali-and-Guinea.pdf, p. 5
[1386] Gberie, L. (2016). Crime, violence, and politics: Drug trafficking and counternarcotics policies in Mali and Guinea. Foreign Policy at Brookings, 1–17. https://globalinitiative.net/wp-content/uploads/2018/01/Brookings-Crime-Violence-and-Politics-Drug-Trafficking-and-Counternarcotics-Policies-in-Mali-and-Guinea.pdf, p. 9

[1387] Gberie, L. (2016). Crime, violence, and politics: Drug trafficking and counternarcotics policies in Mali and Guinea. Foreign Policy at Brookings, 1–17. https://globalinitiative.net/wp-content/uploads/2018/01/Brookings-Crime-Violence-and-Politics-Drug-Trafficking-and-Counternarcotics-Policies-in-Mali-and-Guinea.pdf, p. 9
[1388] Gberie, L. (2016). Crime, violence, and politics: Drug trafficking and counternarcotics policies in Mali and Guinea. Foreign Policy at Brookings, 1–17. https://globalinitiative.net/wp-content/uploads/2018/01/Brookings-Crime-Violence-and-Politics-Drug-Trafficking-and-Counternarcotics-Policies-in-Mali-and-Guinea.pdf, p. 9
[1389] Bridge, J. & Loglo, M-G. (2017). Drug laws in West Africa: A review and summary. International Drug Policy Consortium Briefing Paper. http://fileserver.idpc.net/library/Drug-laws-in-West-Africa_ENGLISH.pdf, p. 3
[1390] International Drug Policy Consortium and Western Africa Consortium on Drugs. (2017). Drug laws in West Africa: A review and summary. Annex: Country profiles. http://fileserver.idpc.net/library/Drug-laws-in-West-Africa_ANNEX.PDF p. 14.
[1391] Gberie, L. (2016). Crime, violence, and politics: Drug trafficking and counternarcotics policies in Mali and Guinea. Foreign Policy at Brookings, 1–17. https://globalinitiative.net/wp-content/uploads/2018/01/Brookings-Crime-Violence-and-Politics-Drug-Trafficking-and-Counternarcotics-Policies-in-Mali-and-Guinea.pdf, p. 9
[1392] Bridge, J. & Loglo, M-G. (2017). Drug laws in West Africa: A review and summary. International Drug Policy Consortium Briefing Paper, http://fileserver.idpc.net/library/Drug-laws-in-West-Africa_ENGLISH.pdf, pp 2-3
[1393] Government of Niger. (1999, September). Ordinance No. 99-42 of September 23, 1999 relating to the fight against drugs in Niger. UNODC Sherloc Database of Legislation. https://sherloc.unodc.org/cld/en/legislation/ner/ordonnance_no._99-42_du_23_septembre_1999_relative_a_la_lutte_contre_la_drogue_au_niger/chapitre_ix/articles_90-117/ordonnance_99-42_.html?lng=en
[1394] Government of Niger. (1999, September). Ordinance No. 99-42 of September 23, 1999 relating to the fight against drugs in Niger. UNODC Sherloc Database of Legislation. https://sherloc.unodc.org/cld/en/legislation/ner/ordonnance_no._99-42_du_23_septembre_1999_relative_a_la_lutte_contre_la_drogue_au_niger/chapitre_ix/articles_90-117/ordonnance_99-42_.html?lng=en
[1395] International Drug Policy Consortium and West Africa Commission on Drugs. (2017). Drug laws in West Africa: A review and summary. Annex: Country profiles. http://fileserver.idpc.net/library/Drug-laws-in-West-Africa_ANNEX.PDF, p. 18
[1396] International Drug Policy Consortium and West Africa Commission on Drugs. (2017). Drug laws in West Africa: A review and summary. Annex: Country profiles. http://fileserver.idpc.net/library/Drug-laws-in-West-Africa_ANNEX.PDF, p. 18
[1397] European Union, ECOWAS & UNODC. (2018). Société civile: Un partenaire de choix dans le plaidoyer contre les substances illicites (Civil society: A choice partner for advocacy against illicit substances). *Bulletin d'information du projet ONUDC/CEDEAO contre le trafic de drogues*. (No. 4). https://www.unodc.org/documents/westandcentralafrica//ecowasgrants/bulletin-ONUDC-CEDEAO-numero4-dec18.pdf, p. 15
[1398] European Union, ECOWAS & UNODC. (2018). Société civile: Un partenaire de choix dans le plaidoyer contre les substances illicites (Civil society: A choice partner for advocacy against illicit substances). Bulletin d'information du projet ONUDC/CEDEAO contre le trafic de drogues. (No. 4). https://www.unodc.org/documents/westandcentralafrica//ecowasgrants/bulletin-ONUDC-CEDEAO-numero4-dec18.pdf, p. 16
[1399] European Union, ECOWAS & UNODC. (2018). Société civile: Un partenaire de choix dans le plaidoyer contre les substances illicites (Civil society: A choice partner for advocacy against illicit substances). Bulletin d'information du projet ONUDC/CEDEAO contre le trafic de drogues. (No. 4). https://www.unodc.org/documents/westandcentralafrica//ecowasgrants/bulletin-ONUDC-CEDEAO-numero4-dec18.pdf, p. 15
[1400] European Union, ECOWAS & UNODC. (2018). Société civile: Un partenaire de choix dans le plaidoyer contre les substances illicites (Civil society: A choice partner for advocacy against illicit substances). Bulletin d'information du projet ONUDC/CEDEAO contre le trafic de drogues. (No. 4). https://www.unodc.org/documents/westandcentralafrica//ecowasgrants/bulletin-ONUDC-CEDEAO-numero4-dec18.pdf, p. 16
[1401] European Union, ECOWAS & UNODC. (2018). Société civile: Un partenaire de choix dans le plaidoyer contre les substances illicites (Civil society: A choice partner for advocacy against illicit substances). Bulletin d'information du projet ONUDC/CEDEAO contre le trafic de drogues. (No. 4). https://www.unodc.org/documents/westandcentralafrica//ecowasgrants/bulletin-ONUDC-CEDEAO-numero4-dec18.pdf, p. 16

[1402] Bridge, J. & Loglo, M-G. (2017). Drug laws in West Africa: A review and summary. International Drug Policy Consortium Briefing Paper, http://fileserver.idpc.net/library/Drug-laws-in-West-Africa_ENGLISH.pdf, p. 4
[1403]Brazzaville adopts conventions on drug use, trafficking. (2004, March 5). *The New Humanitarian*. https://www.thenewhumanitarian.org/news/2004/03/05/brazzaville-adopts-conventions-drug-use-trafficking
[1404]Brazzaville adopts conventions on drug use, trafficking. (2004, March 5). The New Humanitarian. https://www.thenewhumanitarian.org/news/2004/03/05/brazzaville-adopts-conventions-drug-use-trafficking
[1405]Brazzaville adopts conventions on drug use, trafficking. (2004, March 5). The New Humanitarian. https://www.thenewhumanitarian.org/news/2004/03/05/brazzaville-adopts-conventions-drug-use-trafficking
[1406]Conflict leaves legacy of widespread addiction. (2007, November 12). *The New Humanitarian*. https://www.thenewhumanitarian.org/report/75260/congo-conflict-leaves-legacy-widespread-addiction
[1407] Conflict leaves legacy of widespread addiction. (2007, November 12). *The New Humanitarian*. https://www.thenewhumanitarian.org/report/75260/congo-conflict-leaves-legacy-widespread-addiction
[1408] Conflict leaves legacy of widespread addiction. (2007, November 12). *The New Humanitarian.* https://www.thenewhumanitarian.org/report/75260/congo-conflict-leaves-legacy-widespread-addiction
[1409] WHO. (2010). ATLAS of substance use disorders: Resources for the prevention and treatment of substance use disorders (SUD): Country Profile: Congo (the) https://www.who.int/substance_abuse/publications/atlas_report/profiles/congo.pdf?ua=1, p. 2
[1410] WHO. (2010). ATLAS of substance use disorders: Resources for the prevention and treatment of substance use disorders (SUD): Country Profile: Congo (the) https://www.who.int/substance_abuse/publications/atlas_report/profiles/congo.pdf?ua=1, p. 3
[1411] Stern, V. (2001). An alternative vision: Criminal justice developments in non-western countries. *Social Justice, 28*(3)(85), 88-104. Retrieved March 23, 2021, p. 94
[1412] Brazzaville adopts conventions on drug use, trafficking. (2004, March 5). *The New Humanitarian*. https://www.thenewhumanitarian.org/news/2004/03/05/brazzaville-adopts-conventions-drug-use-trafficking
[1413] Rwanda. (2012, May 02). Rwanda Penal Code. UNODC Sherloc Database of Legislation. https://sherloc.unodc.org/cld/uploads/res/document/rwa/1999/penal-code-of-rwanda_html/Penal_Code_of_Rwanda.pdf
[1414] Rwanda. (2012, May 02). Rwanda Penal Code. UNODC Sherloc Database of Legislation. https://sherloc.unodc.org/cld/uploads/res/document/rwa/1999/penal-code-of-rwanda_html/Penal_Code_of_Rwanda.pdf
[1415] Tharoor, A. (2018, January 12). Rwanda's new attempt to protect youth from drugs may exacerbate harms instead. https://www.talkingdrugs.org/rwandas-new-war-on-drugs
[1416] Tharoor, A. (2018, January 12). Rwanda's new attempt to protect youth from drugs may exacerbate harms instead. https://www.talkingdrugs.org/rwandas-new-war-on-drugs
[1417] Tharoor, A. (2018, January 12). Rwanda's new attempt to Protect youth from drugs may exacerbate harms instead. https://www.talkingdrugs.org/rwandas-new-war-on-drugs
[1418] Tharoor, A. (2018, January 12). Rwanda's new attempt to Protect youth from drugs may exacerbate arms instead. https://www.talkingdrugs.org/rwandas-new-war-on-drugs
[1419] ISSUP (2021). What are national chapters? https://www.issup.net/what-are-national-chapters
[1420]AFP (2014, August 5). Rwanda's island drug rehab centre -- or reform prison? https://www.bangkokpost.com/world/425181/rwanda-island-drug-rehab-centre-or-reform-prison
[1421] APF. (2014, August 5). Rwanda's island drug rehab centre -- or reform prison? https://www.bangkokpost.com/world/425181/rwanda-island-drug-rehab-centre-or-reform-prison
[1422] AFP. (2014, August 5). Rwanda's island drug rehab centre -- or reform prison? https://www.bangkokpost.com/world/425181/rwanda-island-drug-rehab-centre-or-reform-prison
[1423] List of medical schools in Rwanda. (2020, May 15). Retrieved March 03, 2021, from https://en.wikipedia.org/wiki/List_of_medical_schools_in_Rwanda

[1424] Rwanda. (2012, May 02). Rwanda Penal Code. https://sherloc.unodc.org/cld/uploads/res/document/rwa/1999/penal-code-of-rwanda_html/Penal_Code_of_Rwanda.pdf
[1425] Rwanda. (2012, May 02). Rwanda Penal Code. https://sherloc.unodc.org/cld/uploads/res/document/rwa/1999/penal-code-of-rwanda_html/Penal_Code_of_Rwanda.pdf
[1426] Institute of Legal Practice and Development. (2013, May). Study of alternatives to imprisonment in Rwanda focusing on the mainstreaming of TIG ("travaux d'intérêts général") and best practice guidelines for judges in the exercise of their discretion when imposing non-custodial sentences. https://ilpd.ac.rw/fileadmin/user_upload/ILPD_Document/Publications/STUDY_ON_ALTERNATIVE_TO_IMPRISONMENT.pdf
[1427] Gouvernment du Républicque du Sénégal. (1997). Code Des Drogues du Républicque du Sénégal. UNOPDC Sherloc Database of Legislation. https://sherloc.unodc.org/cld/uploads/res/document/code-des-drogues_html/CODE_DES_DROGUES_DU_11_NOVEMBRE_1997.pdf
[1428] Bridge, J., & Loglo, M-G. (2017, November). Drug laws in West Africa: A review and summary. International Drug Policy Consortium and West Africa Commission on Drugs Briefing Paper. http://fileserver.idpc.net/library/Drug-laws-in-West-Africa_ENGLISH.PDF
[1429] Kofi Annan Foundation. (2017, May 17). West Africa Commission on Drugs. https://www.kofiannanfoundation.org/changing-drug-policy/west-africa-commission-drugs-archive/
[1430] Unaids.org. (2018, September 12). New model drug law launched in western Africa. https://www.unaids.org/en/resources/presscentre/featurestories/2018/september/new-model-drug-law-launched-in-western-africa
[1431] Unaids.org. (2018, September 12). New model drug law launched in western Africa. https://www.unaids.org/en/resources/presscentre/featurestories/2018/september/new-model-drug-law-launched-in-western-africa
[1432] Unaids.org. (2018, September 12). New model drug law launched in western Africa. https://www.unaids.org/en/resources/presscentre/featurestories/2018/september/new-model-drug-law-launched-in-western-africa
[1433] Unaids.org. (2018, September 12). New model drug law launched in western Africa. https://www.unaids.org/en/resources/presscentre/featurestories/2018/september/new-model-drug-law-launched-in-western-africa
[1434] Bridge, J., & Loglo, M-G. (2017, November). Drug laws in West Africa: A review and summary. International Drug Policy Consortium and West Africa Commission on Drugs Briefing Paper. http://fileserver.idpc.net/library/Drug-laws-in-West-Africa_ENGLISH.PDF
[1435] Bridge, J., & Loglo, M.-G. (2017, November). Drug laws in West Africa: A review and summary. International Drug Policy Consortium and West Africa Commission on Drugs Briefing Paper. http://fileserver.idpc.net/library/Drug-laws-in-West-Africa_ENGLISH.PDF
[1436] Bridge, J., & Loglo, M-G. (2017, November). Drug laws in West Africa: A review and summary. International Drug Policy Consortium and West Africa Commission on Drugs Briefing Paper. http://fileserver.idpc.net/library/Drug-laws-in-West-Africa_ENGLISH.PDF
[1437] Bridge, J., & Loglo, M-G. (2017, November). Drug laws in West Africa: A review and summary. International Drug Policy Consortium and West Africa Commission on Drugs Briefing Paper. http://fileserver.idpc.net/library/Drug-laws-in-West-Africa_ENGLISH.PDF
[1438] Gbadamosi, N. (2018, November 23). West Africa's first state-run rehab clinic lets addicts shoot up. https://www.cnn.com/2018/11/23/health/west-africa-free-rehab-clinic-senegal-intl
[1439] Gbadamosi, N. (2018, November 23). West Africa's first state-run rehab clinic lets addicts shoot up. CNN. https://www.cnn.com/2018/11/23/health/west-africa-free-rehab-clinic-senegal-intl
[1440] Gbadamosi, N. (2018, November 23). West Africa's first state-run rehab clinic lets addicts shoot up. CNN. https://www.cnn.com/2018/11/23/health/west-africa-free-rehab-clinic-senegal-intl
[1441] Gbadamosi, N. (2018, November 23). West Africa's first state-run rehab clinic lets addicts shoot up. CNN. https://www.cnn.com/2018/11/23/health/west-africa-free-rehab-clinic-senegal-intl
[1442] Seychelles. (2016). Misuse of Drugs Act (Act 5 of 2016). Seychelles Legal Information Institute. https://seylii.org/sc/sc/legislation/Act%205%20of%202016%20Misuse%20of%20Drugs%20Act%2C%202016.pdf
[1443] Seychelles. (2016). Misuse of Drugs Act (Act 5 of 2016). Seychelles Legal Information Institute. https://seylii.org/sc/sc/legislation/Act%205%20of%202016%20Misuse%20of%20Drugs%20Act%2C%202016.pdf

[1444] Seychelles. (2016). Misuse of Drugs Act (Act 5 of 2016). Seychelles Legal Information Institute. https://seylii.org/sc/sc/legislation/Act%205%20of%202016%20Misuse%20of%20Drugs%20Act%2C%202016.pdf
[1445] Seychelles. (2016). Misuse of Drugs Act (Act 5 of 2016). Seychelles Legal Information Institute. https://seylii.org/sc/sc/legislation/Act%205%20of%202016%20Misuse%20of%20Drugs%20Act%2C%202016.pdf
[1446] Seychelles. (2016). Misuse of Drugs Act (Act 5 of 2016). Seychelles Legal Information Institute. https://seylii.org/sc/sc/legislation/Act%205%20of%202016%20Misuse%20of%20Drugs%20Act%2C%202016.pdf
[1447] Seychelles. (2016). Misuse of Drugs Act (Act 5 of 2016). Seychelles Legal Information Institute. https://seylii.org/sc/sc/legislation/Act%205%20of%202016%20Misuse%20of%20Drugs%20Act%2C%202016.pdf
[1448] Vel. B. (2009, May). The Seychelles National Drug Control Master Plan: 2009-2012. https://www.safoceanindien.org/wp-content/uploads/2019/08/national-drug-control-booklet-WEB-version.pdf
[1449] State House Office of the President of the Republic of Seychelles. (2018, October 29). Presentation highlights progress in prevention of drug abuse. http://www.statehouse.gov.sc/news/4181/presentation-highlights-progress-in-prevention-of-drug-abuse
[1450] State House Office of the President of the Republic of Seychelles. (2018, October 29). Presentation highlights progress in prevention of drug abuse. http://www.statehouse.gov.sc/news/4181/presentation-highlights-progress-in-prevention-of-drug-abuse
[1451] State House Office of the President of the Republic of Seychelles. (2018, October 29). Presentation highlights progress in prevention of drug abuse. http://www.statehouse.gov.sc/news/4181/presentation-highlights-progress-in-prevention-of-drug-abuse
[1452] State House Office of the President of the Republic of Seychelles. (2018, October 29). Presentation highlights progress in prevention of drug abuse. http://www.statehouse.gov.sc/news/4181/presentation-highlights-progress-in-prevention-of-drug-abuse
[1453] Gappy, V. (2020, September 7). Apdar gives overview of drug treatment and related services in Seychelles. Seychelles Nation. http://www.nation.sc/articles/6008/apdar-gives-overview-of-drug-treatment-and-related-services-in-seychelles
[1454] Saigal, K. (2019, November 21). Why Seychelles has world's worst heroin problem. BBC News. https://www.bbc.com/news/world-africa-50488877
[1455] University of Seychelles - American Institute of Medicine (usaim). (n.d.). https://www.usaim.edu/
[1456] Drug court (Treatment and Rehabilitation of Drug Dependent Persons) Bill, 2016: Seychelles Legal Information Institute. https://seylii.org/sc/legislation/bill/2016/8
[1457] Drug court (Treatment and rehabilitation of Drug Dependent Persons) Bill, 2016: Seychelles Legal Information Institute. https://seylii.org/sc/legislation/bill/2016/8
[1458] Seychelles. (2016). Misuse of Drugs Act (Act 5 of 2016). Seychelles Legal Information Institute. https://seylii.org/sc/sc/legislation/Act%205%20of%202016%20Misuse%20of%20Drugs%20Act%2C%202016.pdf
[1459] Gappy, V. (2020, September 7). Apdar gives overview of drug treatment and related services in Seychelles. Seychelles Nation. http://www.nation.sc/articles/6008/apdar-gives-overview-of-drug-treatment-and-related-services-in-seychelles
[1460] Bridge, J. & Loglo, M-G. (2017). Drug laws in West Africa: A review and summary. International Drug Policy Consortium Briefing Paper. http://fileserver.idpc.net/library/Drug-laws-in-West-Africa_ENGLISH.pdf , p. 4
[1461] Bridge, J. & Loglo, M-G. (2017). Drug laws in West Africa: A review and summary. International Drug Policy Consortium Briefing Paper. http://fileserver.idpc.net/library/Drug-laws-in-West-Africa_ENGLISH.pdf , p. 4
[1462] Tadégnon, N.K. (2008, July 18). HEALTH-TOGO: Increased drug use shadows growing trafficking. Inter Press Service. http://www.ipsnews.net/2008/07/health-togo-increased-drug-use-shadows-growing-trafficking/
[1463] Tadégnon, N.K. (2008, July 18). HEALTH-TOGO: Increased drug use shadows growing trafficking. Inter Press Service. http://www.ipsnews.net/2008/07/health-togo-increased-drug-use-shadows-growing-trafficking/
[1464] https://www.assorapaa.com/
[1465] European Union, UNODC, & ECOWAS Commission. (2018, January). Therapeutic Injunction: An alternative to incarcerating drug user. *Newsletter of the UNODC/ECOWAS Project Against Drug Trafficking* (No. 3), p. 10.

[1466] European Union, UNODC, & ECOWAS Commission. (2018, January). Therapeutic Injunction: An alternative to incarcerating drug user. *Newsletter of the UNODC/ECOWAS Project Against Drug Trafficking* (No. 3), p. 10.
[1467] Tadégnon, N.K. (2008, July 18). HEALTH-TOGO: Increased drug use shadows growing trafficking. Inter Press Service. http://www.ipsnews.net/2008/07/health-togo-increased-drug-use-shadows-growing-trafficking/
[1468] Jozwiak, G. (2014, February 26). Prison reform promised in Togo. *New Internationalist*.https://newint.org/features/web-exclusive/2014/02/26/prison-reform-togo
[1469] Republic of Angola. *Penal Code*.
[1470] Republic of Angola. *Penal Code*.
[1471] World Health Organization. (2016). WHO country cooperation strategy 2015-2019: Angola. https://apps.who.int/iris/bitstream/handle/10665/250515/ccs_ago_2015_2019_en.pdf?sequence=1
[1472] U.S. President's Emergency Plan for AIDS Relief. (2020), Angola country operational plan COP 2020 – Strategic direction summary. https://www.state.gov/wp-content/uploads/2020/07/COP-2020-Angola-SDS-FINAL.pdf
[1473] World Health Organization. (2010). ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD): Country Profile: Angola. https://www.who.int/substance_abuse/publications/atlas_report/profiles/angola.pdf?ua=1
[1474] World Health Organization. (2010). ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD): Country Profile: Angola. https://www.who.int/substance_abuse/publications/atlas_report/profiles/angola.pdf?ua=1
[1475] World Health Organization. (2010). ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD): Country Profile: Angola. https://www.who.int/substance_abuse/publications/atlas_report/profiles/angola.pdf?ua=1
[1476] World Health Organization. (2017) Mental Health ATLAS 2017 Member State Profile: Angola. https://www.who.int/mental_health/evidence/atlas/profiles-2017/AGO.pdf?ua=1
[1477] Japan International Cooperation Agency. (2009). Republic of Angola, project for improvement of Josina Machel Hospital. https://www.jica.go.jp/english/our_work/evaluation/grant_aid/post/pdf/angola09_de01.pdf
[1478] Republic of Angola. *Penal Code*.
[1479] U.S. Department of State. (2004). International narcotics control strategy report: Africa and the Middle East. https://2009-2017.state.gov/documents/organization/29963.pdf
[1480] World Health Organization. (2010). ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD): Country Profile: Angola. https://www.who.int/substance_abuse/publications/atlas_report/profiles/angola.pdf?ua=1
[1481] Republic of Angola. (2016). Angola Statement for the 59th session of the Commission on Narcotic Drugs. Retrieved from https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_59/Statements_16_March_AM/06_Angola.PDF
[1482] Association for Justice, Peace and Democracy. (2005). *The Angolan criminal justice system – A human rights report*. https://gsdrc.org/document-library/the-angolan-criminal-justice-system-a-human-rights-report/
[1483] Association for Justice, Peace and Democracy. (2005). *The Angolan criminal justice system – A human rights report*. https://gsdrc.org/document-library/the-angolan-criminal-justice-system-a-human-rights-report/
[1484] The Botswana Gazette. (2017, July 13) Prisons introduces "community work" as punishment. https://www.thegazette.news/news/prisons-introduces-community-work-as-punishment/19934/
[1485] Republic of Botswana. *Botswana's Constitution of 1966 with Amendments through 2005.*
[1486] Republic of Botswana. *Botswana Drugs and Related Substance Act. No. 18 of 1992.*
[1487] Goweditswe, K. (2014, November 30). Prison meant to rehabilitate offenders. *Botswana Daily News*. http://www.dailynews.gov.bw/news-details.php?nid=16117
[1488] Goweditswe, K. (2014, November 30). Prison meant to rehabilitate offenders. *Botswana Daily News*. http://www.dailynews.gov.bw/news-details.php?nid=16117

[1489] The Commonwealth. (2012). Sentencing policy assistance to the Attorney General's Office in Botswana. https://thecommonwealth.org/project/sentencing-policy-assistance-attorney-generals-office-botswana
[1490] The Commonwealth. (2012). Sentencing policy assistance to the Attorney General's Office in Botswana. https://thecommonwealth.org/project/sentencing-policy-assistance-attorney-generals-office-botswana
[14911491] Tapera, R., Moseki, S. & January, J. (2018). The status of health promotion in Botswana. *Journal of Public Health in Africa*, *9*(1), 699. https://doi.org/10.4081/jphia.2018.699 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6057722/
[1492] Mokone, G.G., Kebaetse, M., Wright, J., Kebaetse, M. B., Makgabana-Dintwa, O., Kebaabetswe, P., Badlangana, L., Mogodi, M., Bryant, K., & Nkomazana, O. (2014). Establishing a new medical school: Botswana's experience. *Academic Medicine Journal of the Association of American Medical Colleges*, *89*(8 Suppl), S83–S87. https://doi.org/10.1097/ACM.0000000000000329. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4116079/
[1493] Selemogwe, M., Mphele, S. & Manyanda, K. (2014). Drug use patterns and socio-demographic profiles of substance users: Findings from a substance abuse treatment programme in Gaborone, Botswana. *African Journal of Drug & Alcohol Studies, 13*(1) 43-53. https://www.ajol.info/index.php/ajdas/article/view/106928/96834
[1494] Selemogwe, M., Mphele, S. & Manyanda, K. (2014). Drug use patterns and socio-demographic profiles of substance users: Findings from a substance abuse treatment programme in Gaborone, Botswana. *African Journal of Drug & Alcohol Studies, 13*(1) 43-53. https://www.ajol.info/index.php/ajdas/article/view/106928/96834
[1495] Selemogwe, M., Mphele, S. & Manyanda, K. (2014). Drug use patterns and socio-demographic profiles of substance users: Findings from a substance abuse treatment programme in Gaborone, Botswana. *African Journal of Drug & Alcohol Studies, 13*(1) 43-53. https://www.ajol.info/index.php/ajdas/article/view/106928/96834
[1496] The Botswana Gazette. (2017) Prisons introduces "community work" as punishment." https://www.thegazette.news/news/prisons-introduces-community-work-as-punishment/19934/
[1497] Makunga, B. (2009). The improvement of the treatment of offenders through the enhancement of community-based alternatives to incarceration. Resource Material Series No. 79. Paper presented at the 141st International Senior Seminar. United Nations Asia & Far East Institute for the Prevention of Crime & Treatment of Offenders (UNAFEI), 235-255. https://www.unafei.or.jp/publications/pdf/RS_No79/No79_35RS_Group2.pdf
[1498] Makunga, B. (2009). The improvement of the treatment of offenders through the enhancement of community-based alternatives to incarceration. Resource Material Series No. 79. Paper presented at the 141st International Senior Seminar. United Nations Asia & Far East Institute for the Prevention of Crime & Treatment of Offenders (UNAFEI), 235-255. https://www.unafei.or.jp/publications/pdf/RS_No79/No79_35RS_Group2.pdf
[1499] Selemogwe, M., Mphele, S. & Manyanda, K. (2014). Drug use patterns and socio-demographic profiles of substance users: Findings from a substance abuse treatment programme in Gaborone, Botswana. *African Journal of Drug & Alcohol Studies, 13*(1) 43-53. https://www.ajol.info/index.php/ajdas/article/view/106928/96834
[1500] Mokone, G.G., Kebaetse, M., Wright, J., Kebaetse, M. B., Makgabana-Dintwa, O., Kebaabetswe, P., Badlangana, L., Mogodi, M., Bryant, K., & Nkomazana, O. (2014). Establishing a new medical school: Botswana's experience. Academic Medicine Journal of the Association of American Medical Colleges, 89(8 Suppl), S83–S87. https://doi.org/10.1097/ACM.0000000000000329. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4116079
[1501] Mokone, G.G., Kebaetse, M., Wright, J., Kebaetse, M. B., Makgabana-Dintwa, O., Kebaabetswe, P., Badlangana, L., Mogodi, M., Bryant, K., & Nkomazana, O. (2014). Establishing a new medical school: Botswana's experience. Academic Medicine Journal of the Association of American Medical Colleges, 89(8 Suppl), S83–S87. https://doi.org/10.1097/ACM.0000000000000329. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4116079/
[1502] Selemogwe, M., Mphele. S. & Manyanda, K. (2014). Drug use patterns and socio-demographic profiles of substance users: Findings from a substance abuse treatment programme in Gaborone, Botswana. *African Journal of Drug & Alcohol Studies, 13*(1) 43-53. https://www.ajol.info/index.php/ajdas/article/view/106928/96834
[1503] Cape Verde Law No. 78/IV/93. Series I, No. 25. July 12, 1993
[1504] Cape Verde Law No. 78/IV/93. Series I, No. 25. July 12, 1993
[1505] Cape Verde Law No. 78/IV/93. Series I, No. 25. July 12, 1993

[1506] Bridge, J., & Loglo, M. (2017) Drug laws in West Africa: A review and summary. *International Drug Policy Consortium.* http://fileserver.idpc.net/library/Drug-laws-in-West-Africa_ENGLISH.pdf
[1507] UNODC. (2019). UNODC supports Cabo Verde in the implementation of the new National Integrated Program for the Fight Against Drugs and Related Crimes (2018-2023). https://www.unodc.org/westandcentralafrica/en/2019-07-10-drt-nip-cabo-verde.html
[1508] European Commission. (2020, October 2). *Joint staff working document: The EU Special Incentive Arrangement for Sustainable Development and Good Governance ('GSP+') assessment of Cabo Verde covering the period 2018 - 2019* (Rep. No. SWD(2020) 18 final). https://ec.europa.eu/transparency/regdoc/rep/10102/2020/EN/SWD-2020-18-F1-EN-MAIN-PART-1.PDF
[1509] European Commission. (2020, October 2). Joint staff working document: The EU Special Incentive Arrangement for Sustainable Development and Good Governance ('GSP+') assessment of Cabo Verde covering the period 2018 - 2019 (Rep. No. SWD(2020) 18 final). https://ec.europa.eu/transparency/regdoc/rep/10102/2020/EN/SWD-2020-18-F1-EN-MAIN-PART-1.PDF
[1510] World Health Organization. (2010). ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD): Country Profile: Cape Verde. https://www.who.int/substance_abuse/publications/atlas_report/profiles/cap_verde.pdf?ua=1
[1511] Cape Verde Law No. 78/IV/93. Series I, No. 25. July 12, 1993
[1512] World Health Organization. (2010). ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD): Country Profile: Cape Verde. https://www.who.int/substance_abuse/publications/atlas_report/profiles/cap_verde.pdf?ua=1
[1513] World Health Organization. (2010). ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD): Country Profile: Cape Verde. https://www.who.int/substance_abuse/publications/atlas_report/profiles/cap_verde.pdf?ua=1
[1514] Sommer, M. (2010). *Community experience and personal development: Treatment model in residential regime of chemical dependents in Cape Verde*. https://niger.luxdev.lu/files/documents/Vivencia_en_comunidad-Manuel_Sommer-PT.pdf (Original text in Portuguese, translated through Google Translate.)
[1515] Sommer, M. (2010). *Community experience and personal development: Treatment model in residential regime of chemical dependents in Cape Verde*. https://niger.luxdev.lu/files/documents/Vivencia_en_comunidad-Manuel_Sommer-PT.pdf (Original text in Portuguese, translated through Google Translate.)
[1516] Cape Verde Law No. 78/IV/93. Series I, No. 25. July 12, 1993
[1517] World Health Organization. (2010). ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD): Country Profile: Cape Verde. https://www.who.int/substance_abuse/publications/atlas_report/profiles/cap_verde.pdf?ua=1
[1518] World Health Organization. (2010). ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD): Country Profile: Cape Verde. https://www.who.int/substance_abuse/publications/atlas_report/profiles/cap_verde.pdf?ua=1
[1519] Kane, M. (2019, June 4) Is Cape Verde doomed to become a narco-state? https://enactafrica.org/enact-observer/is-cape-verde-doomed-to-become-a-narco-state
[1520] UNODC. (2019) Massive drug operation by Cabo Verdean authorities successfully seizes 9.5 tons of cocaine in Praia. https://www.unodc.org/westandcentralafrica/en/2019-02-05-massive-cocaine-seizure-in-cabo-verde.html
[1521] State of Eritrea. (2015). *Penal Code*, pp. 253-254. https://www.refworld.org/pdfid/55a51ccc4.pdf
[1522] State of Eritrea. (2015). *Penal Code*, pp. 253-254. https://www.refworld.org/pdfid/55a51ccc4.pdf
[1523] UNODC. (2019) Government of the State of Eritrea Signs a Partnership Framework with UNODC. https://www.unodc.org/easternafrica/en/government-of-the-state-of-eritrea-signs-a-partnership-framework-with-unodc.html
[1524] World Health Organization. (2017) Mental Health ATLAS 2017 Member State Profile: Eritrea. https://www.who.int/mental_health/evidence/atlas/profiles-2017/ERI.pdf?ua=1
[1525] World Health Organization. (2010). ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD): Country Profile: Eritrea. https://www.who.int/substance_abuse/publications/atlas_report/profiles/eritrea.pdf?ua=1
[1526] World Health Organization. (2017) Mental Health ATLAS 2017 Member State Profile: Eritrea. https://www.who.int/mental_health/evidence/atlas/profiles-2017/ERI.pdf?ua=1
[1527] O'Connell, A. (2019) Nine Facts About Poverty in Eritrea. The Borgen Project. https://borgenproject.org/facts-about-poverty-in-eritrea/

[1528] World Health Organization. (2017) Mental Health ATLAS 2017 Member State Profile: Eritrea. https://www.who.int/mental_health/evidence/atlas/profiles-2017/ERI.pdf?ua=1
[1529] Yilma, K.M., & Roberts, J.V. (2019) Out of Africa: Exploring the Ethiopian Sentencing Guidelines. *Criminal Law Forum, 30*, 309–337.
[1530] Federal Democratic Republic of Ethiopia. (2004). *Criminal Code Proclamation No. 414 of 2004.* https://www.wipo.int/edocs/lexdocs/laws/en/et/et011en.pdf
[1531] Federal Democratic Republic of Ethiopia. (2004). *Criminal Code Proclamation No. 414 of 2004.* https://www.wipo.int/edocs/lexdocs/laws/en/et/et011en.pdf
[1532] Ethiopian Food, Medicines and Health Care Administration and Control Authority, Ministry of Health. (2017) *Ethiopia National Drug Control Master Plan 2017-2022.* http://www.fmhaca.gov.et/wp-content/uploads/2019/03/Ethiopia_National-Drug-Control-Master-Plan-2017.pdf
[1533] Ethiopian Food, Medicines and Health Care Administration and Control Authority, Ministry of Health. (2017) *Ethiopia National Drug Control Master Plan 2017-2022.* http://www.fmhaca.gov.et/wp-content/uploads/2019/03/Ethiopia_National-Drug-Control-Master-Plan-2017.pdf
[1534] Ethiopian Food, Medicines and Health Care Administration and Control Authority, Ministry of Health. (2017) *Ethiopia National Drug Control Master Plan 2017-2022.* http://www.fmhaca.gov.et/wp-content/uploads/2019/03/Ethiopia_National-Drug-Control-Master-Plan-2017.pdf
[1535] Ethiopian Food, Medicines and Health Care Administration and Control Authority, Ministry of Health. (2017) *Ethiopia National Drug Control Master Plan 2017-2022.* http://www.fmhaca.gov.et/wp-content/uploads/2019/03/Ethiopia_National-Drug-Control-Master-Plan-2017.pdf
[1536] UNODC. *Promoting the Rule of Law and Human Security in Eastern Africa: Regional Programme 2016-2021.* https://www.unodc.org/documents/easternafrica/FrontOffice/07413_UNODC_Promoting_the_Rule_of_Law_English.pdf
[1537] Fekadu, A., Alem, A.. & Hanlon, C. (2007). Alcohol and drug abuse in Ethiopia: Past, present and future. *African Journal of Drug & Alcohol Studies, 6*(1*),* 39-53. http://sites.utoronto.ca/ethiopia/Ethiopian%20Faculty%20Articles/Fekadu.African%20Journal%20of%20Drug%20and%20Alcohol%20Studies.2007.6%281%29.39.pdf
[1538] Fekadu, A., Alem, A. & Hanlon, C. (2007). Alcohol and drug abuse in Ethiopia: Past, present and future. *African Journal of Drug & Alcohol Studies, 6*(1), 39-53. http://sites.utoronto.ca/ethiopia/Ethiopian%20Faculty%20Articles/Fekadu.African%20Journal%20of%20Drug%20and%20Alcohol%20Studies.2007.6%281%29.39.pdf
[1539] Medical Press. (2019, August 28) In Ethiopia, a rehab centre takes on khat addiction. https://medicalxpress.com/news/2019-08-ethiopia-rehab-centre-khat-addiction.html
[1540] Ethiopian Food, Medicines and Health Care Administration and Control Authority, Ministry of Health. (2017) *Ethiopia National Drug Control Master Plan 2017-2022.* http://www.fmhaca.gov.et/wp-content/uploads/2019/03/Ethiopia_National-Drug-Control-Master-Plan-2017.pdf
[1541] Yerby, N. (2019, September 14) Ethiopian Rehab Facility Begins Offering Treatment for Khat Addiction. *Addiction Center.* https://www.addictioncenter.com/news/2019/09/ethiopian-rehab-facility-khat/
[1542] Browse Rehab Centers in Ethiopia. *Rehab Path.* https://rehabs.africa/location/ethiopia/
[1543] Pretrial Rights International (2017). The Federal Democratic Republic of Ethiopia. http://www.pretrialrights.org/ethiopia/
[1544] UNODC. *Promoting the Rule of Law and Human Security in Eastern Africa: Regional Programme 2016-2021.* https://www.unodc.org/documents/easternafrica/FrontOffice/07413_UNODC_Promoting_the_Rule_of_Law_English.pdf
[1545] World Health Organization (WHO). (2010). Country Profile: ETHIOPIA. *ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD).* https://www.who.int/substance_abuse/publications/atlas_report/profiles/ethiopia.pdf?ua=1
[1546] Ethiopian Food, Medicines and Health Care Administration and Control Authority, Ministry of Health. (2017) *Ethiopia National Drug Control Master Plan 2017-2022.* http://www.fmhaca.gov.et/wp-content/uploads/2019/03/Ethiopia_National-Drug-Control-Master-Plan-2017.pdf
[1547] Sorato, M.M., Davari, M., Asl, A.A. & Soleyman, F. (2020) Why illicit drug use is increasing in Ethiopia? From economics perspective of drug use control policy. *CPQ Neurology and Psychology, 3*(2), 01-17. https://www.cientperiodique.com/article/CPQNP-3-2-53.pdf
[1548] Madge, N. (2009). The Gambian Drugs Court. *Nicmadge.co.uk.* http://nicmadge.co.uk/Gambian_Drug_Court.php

[1549] Drug Law Enforcement Agency of the Gambia. (2017) *Drug Laws.* http://www.dleag-gambia.org/en/article/drug-laws#:~:text=Section%2035%20prohibits%20a%20person,or%20both%20fine%20and%20imprisonment
[1550] Madge, N. (2009). The Gambian Drugs Court. *Nicmadge.co.uk.* http://nicmadge.co.uk/Gambian_Drug_Court.php
[1551] Bridge, J., & Loglo, M. (2017) Drug Laws in West Africa: A review and summary. *International Drug Policy Consortium.* http://fileserver.idpc.net/library/Drug-laws-in-West-Africa_ENGLISH.pdf
[1552] World Health Organization: Department of Mental Health & Substance Abuse. (2007) Effective and Human Mental Health Treatment and Care for All. *Mental Health Improvements for Nations Development (MIND).* https://www.who.int/mental_health/policy/country/GambiaSummary_7May2007NOPics.pdf?ua=1
[1553] World Health Organization: Department of Mental Health & Substance Abuse. (2007) Effective and Human Mental Health Treatment and Care for All. *Mental Health Improvements for Nations Development (MIND).* https://www.who.int/mental_health/policy/country/GambiaSummary_7May2007NOPics.pdf?ua=1
[1554] Bridge, J., & Loglo, M. (2017) Drug Laws in West Africa: a Review and Summary. *International Drug Policy Consortium.* http://fileserver.idpc.net/library/Drug-laws-in-West-Africa_ENGLISH.pdf
[1555] World Health Organization: Department of Mental Health & Substance Abuse. (2007) Effective and Human Mental Health Treatment and Care for All. *Mental Health Improvements for Nations Development (MIND).* https://www.who.int/mental_health/policy/country/GambiaSummary_7May2007NOPics.pdf?ua=1
[1556] Republic of the Gambia Department of State for Heath & Social Welfare. (2007). The Gambia Mental Health Strategic Plan 2007-2012. http://staging.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/gambia/gambia_mental_health_strategic_plan_2007-2012.pdf
[1557] Access Gambia. (2009). Gambia's Ethnic Groups & Tribes. https://www.accessgambia.com/information/people-tribes.html
[1558] Kanteh, M. (2019, November 12) Gambia gets its first cohorts of addiction professional. *The Trumpet.* https://trumpet.gm/2019/11/12/gambia-gets-its-first-cohorts-of-addiction-professional/
[1559] Kanteh, M. (2019, November 12) Gambia gets its first cohorts of addiction professional. *The Trumpet.* https://trumpet.gm/2019/11/12/gambia-gets-its-first-cohorts-of-addiction-professional/
[1560] Kretzschmar, I., Nyan, O., Mendy, A. M., & Janneh, B. (2012). Mental health in the Republic of The Gambia. *International Psychiatry : Bulletin of the Board of International Affairs of the Royal College of Psychiatrists*, *9*(2), 38–40. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6735051/
[1561] Republic of the Gambia Department of State for Heath & Social Welfare. (2007). The Gambia Mental Health Strategic Plan 2007-2012. http://staging.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/gambia/gambia_mental_health_strategic_plan_2007-2012.pdf
[1562] World Health Organization: Department of Mental Health & Substance Abuse. (2007) Effective and Human Mental Health Treatment and Care for All. *Mental Health Improvements for Nations Development (MIND).* https://www.who.int/mental_health/policy/country/GambiaSummary_7May2007NOPics.pdf?ua=1
[1563] Jawo, K. (2020, October 27) The painful reality behind mental health in the Gambia. *The Chronicle, Gambia.* https://www.chronicle.gm/the-painful-reality-behind-mental-health-in-the-gambia/
[1564] World Health Organization (WHO). (2010). Country Profile: GAMBIA (the). *ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD).* https://www.who.int/substance_abuse/publications/atlas_report/profiles/gambia.pdf?ua=1
[1565] Madge, N. (2009). The Gambian Drugs Court. *Nicmadge.co.uk.* http://nicmadge.co.uk/Gambian_Drug_Court.php
[1566] Madge, N. (2009). The Gambian Drugs Court. *Nicmadge.co.uk.* http://nicmadge.co.uk/Gambian_Drug_Court.php
[1567] U.S. Department of State. (2017) *The Gambia.* https://2009-2017.state.gov/documents/organization/160123.pdf
[1568] U.S. Department of State. (2017) *The Gambia.* https://2009-2017.state.gov/documents/organization/160123.pdf
[1569] World Health Organization: Department of Mental Health & Substance Abuse. (2007) Effective and Human Mental Health Treatment and Care for All. *Mental Health Improvements for Nations Development (MIND).* https://www.who.int/mental_health/policy/country/GambiaSummary_7May2007NOPics.pdf?ua=1
[1570] Ane, M.G. (2020, April 3) Parliament of Ghana passes historic new drug law, paving the way for a West African approach. *International Drug Policy Consortium.* https://idpc.net/blog/2020/04/parliament-of-ghana-passes-historic-new-drug-law-paving-the-way-for-a-west-african-approach#
[1571] Bridge, J.; & Loglo, M. (2017) Drug laws in West Africa: A review and summary. *International Drug Policy Consortium.* http://fileserver.idpc.net/library/Drug-laws-in-West-Africa_ENGLISH.pdf

[1572] Ane, M.G. (2020, April 3) Parliament of Ghana passes historic new drug law, paving the way for a West African approach. *International Drug Policy Consortium.* https://idpc.net/blog/2020/04/parliament-of-ghana-passes-historic-new-drug-law-paving-the-way-for-a-west-african-approach#
[1573] Ministry of the Interior, Republic of Ghana. Narcotics Control Commission. https://www.mint.gov.gh/agencies/narcotic-control-board/
[1574] Ane, M.G. (2020, April 3) Parliament of Ghana passes historic new drug law, paving the way for a West African approach. *International Drug Policy Consortium.* https://idpc.net/blog/2020/04/parliament-of-ghana-passes-historic-new-drug-law-paving-the-way-for-a-west-african-approach#
[1575] Kabore, A., Afriyie-Gyawu, E., Awuah, J., Hansen, A., Walker, A., Hester, M., Wonadé Sié, M. A., Johnson, J., & Meda, N. (2019). Social ecological factors affecting substance abuse in Ghana (West Africa) using photovoice. *The Pan African Medical Journal, 34*, 214. https://doi.org/10.11604/pamj.2019.34.214.12851et al. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7061025/
[1576] Bird, L. (2019) *Domestic drug consumption in Ghana: An under-reported phenomenon.* Global Initiative Against Transnational Organized Crime. https://globalinitiative.net/wp-content/uploads/2019/07/Ghana-Drug-Report-web.pdf
[1577] Eaton, J., & Ohene, S. (2016). Providing Sustainable Mental Health Care in Ghana: Workshop Summary. *Forum on Neuroscience and Nervous System Disorders; Board on Health Sciences Policy; Board on Global Health; Institute of Medicine; National Academies of Sciences, Engineering, and Medicine. Providing Sustainable Mental and Neurological Health Care in Ghana and Kenya: Workshop Summary. Washington (DC): National Academies Press*. https://www.ncbi.nlm.nih.gov/books/NBK350318/
[1578] Bird, L. (2019) *Domestic drug consumption in Ghana: An under-reported phenomenon.* Global Initiative Against Transnational Organized Crime. https://globalinitiative.net/wp-content/uploads/2019/07/Ghana-Drug-Report-web.pdf
[1579] POS Foundation. (2020). Justice For All Program. http://posfoundation.org/projects/access-to-justice/justice-for-all-programme/
[1580] World Health Organization (WHO). (2010). Country Profile: GHANA. *ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD)*. https://www.who.int/substance_abuse/publications/atlas_report/profiles/ghana.pdf?ua=1
[1581] Eaton, J., & Ohene, S. (2016). Providing Sustainable Mental Health Care in Ghana: Workshop Summary. *Forum on Neuroscience and Nervous System Disorders; Board on Health Sciences Policy; Board on Global Health; Institute of Medicine; National Academies of Sciences, Engineering, and Medicine. Providing Sustainable Mental and Neurological Health Care in Ghana and Kenya: Workshop Summary. National Academies Press*. https://www.ncbi.nlm.nih.gov/books/NBK350318/
[1582] World Health Organization (WHO). (2010). Country Profile: GHANA. *ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD)*. https://www.who.int/substance_abuse/publications/atlas_report/profiles/ghana.pdf?ua=1
[1583] Browse Rehab Centers in Ghana. *Rehab Path.* https://rehabs.africa/search/?geodir_search=1&stype=gd_place&s=+&snear=&sgeo_lat=&sgeo_lon=&country=ghana
[1584] Asare J. B. (2010). Mental health profile of Ghana. *International psychiatry: Bulletin of the Board of International Affairs of the Royal College of Psychiatrists*, *7*(3), 67–68.
[1585] Basic Needs Ghana. (2018). *Developmentaid.org.* https://www.developmentaid.org/#!/organizations/view/26502/basic-needs-ghana
[1586] Asare J. B. (2010). Mental health profile of Ghana. *International psychiatry: Bulletin of the Board of International Affairs of the Royal College of Psychiatrists*, *7*(3), 67–68.
[1587] Asare J. B. (2010). Mental health profile of Ghana. *International psychiatry: Bulletin of the Board of International Affairs of the Royal College of Psychiatrists*, *7*(3), 67–68.
[1588] Asare J. B. (2010). Mental health profile of Ghana. *International psychiatry: Bulletin of the Board of International Affairs of the Royal College of Psychiatrists*, *7*(3), 67–68.
[1589] Asare J. B. (2010). Mental health profile of Ghana. *International psychiatry: Bulletin of the Board of International Affairs of the Royal College of Psychiatrists*, *7*(3), 67–68.
[1590] Eaton, J., & Ohene, S. (2016). Providing Sustainable Mental Health Care in Ghana: Workshop Summary. *Forum on Neuroscience and Nervous System Disorders; Board on Health Sciences Policy; Board on Global Health; Institute of Medicine; National Academies of Sciences, Engineering, and Medicine.*

Providing Sustainable Mental and Neurological Health Care in Ghana and Kenya: Workshop Summary. National Academies Press. https://www.ncbi.nlm.nih.gov/books/NBK350318/

[1591] Ane, M.G. (2020, April 3) Parliament of Ghana passes historic new drug law, paving the way for a West African approach. *International Drug Policy Consortium.* https://idpc.net/blog/2020/04/parliament-of-ghana-passes-historic-new-drug-law-paving-the-way-for-a-west-african-approach#

[1592] POS Foundation. (2020). Justice For All Program. http://posfoundation.org/projects/access-to-justice/justice-for-all-programme/

[1593] Republic of Ghana, Ministry of Health. (2016) Ghana Health Financing Strategy 2015. https://www.moh.gov.gh/wp-content/uploads/2016/02/Health-Finance-Strategy-160203045304.pdf

[1594] Republic of Ghana, Ministry of Health. (2016) Ghana Health Financing Strategy 2015. https://www.moh.gov.gh/wp-content/uploads/2016/02/Health-Finance-Strategy-160203045304.pdf

[1595] Torkornoo, F.K. (2015). Guidelines for establishment and licensing of treatment and rehabilitation centers in Ghana. *National Institute on Drug Abuse Research Abstract Database.* https://www.drugabuse.gov/international/abstracts/guidelines-establishment-licensing-treatment-rehabilitation-centers-in-ghana

[1596] Asare J. B. (2010). Mental health profile of Ghana. *International psychiatry: Bulletin of the Board of International Affairs of the Royal College of Psychiatrists*, *7*(3), 67–68.

[1597] Eaton, J., & Ohene, S. (2016). Providing Sustainable Mental Health Care in Ghana: Workshop Summary. *Forum on Neuroscience and Nervous System Disorders; Board on Health Sciences Policy; Board on Global Health; Institute of Medicine; National Academies of Sciences, Engineering, and Medicine. Providing Sustainable Mental and Neurological Health Care in Ghana and Kenya: Workshop Summary. National Academies Press*. https://www.ncbi.nlm.nih.gov/books/NBK350318/

[1598] Republic of Guinea-Bissau. (1976). *Decree-Law No. 1/76. April 21, 1976.*

[1599] Republic of Guinea-Bissau. (1976). *Decree-Law No. 1/76. April 21, 1976.*

[1600] Bridge, J., & Loglo, M. (2017) Drug laws in West Africa: A review and summary. *International Drug Policy Consortium.* http://fileserver.idpc.net/library/Drug-laws-in-West-Africa_ENGLISH.pdf

[1601] UNODC. (2020). United Nations Security Council briefing on the situation in Guinea-Bissau. https://www.unodc.org/unodc/en/speeches/2020/unsc-100820.html

[1602] UNODC. (2018). Civil society: A partner of choice for advocating against illicit substances. *Newsletter of the UNODC/ECOWAS, No. 4.* https://www.unodc.org/documents/westandcentralafrica//ecowasgrants/newsletter-UNODC-ECOWAS-_issue4-dec18.pdf

[1603] UNODC. (2020). United Nations Security Council briefing on the situation in Guinea-Bissau. https://www.unodc.org/unodc/en/speeches/2020/unsc-100820.html

[1604] World Health Organization. (2017) Mental Health ATLAS 2017 Member State Profile: Guinea-Bissau. https://www.who.int/mental_health/evidence/atlas/profiles-2017/GNB.pdf?ua=1

[1605] Thompson, F. (2009, November 20) Drug trafficking leads to addiction problems in Guinea Bissau. *VoaNews.* https://www.voanews.com/archive/drug-trafficking-leads-addiction-problems-guinea-bissau

[1606] UNODC. (2007, December 19) Assisting Guinea-Bissau: International Conference on Drug Trafficking in Guinea-Bissau. https://www.unodc.org/unodc/en/frontpage/assisting-guinea-bissau.html#related_information

[1607] Penal Reform International. (2012) Alternatives to imprisonment in East Africa: Trends and challenges. https://cdn.penalreform.org/wp-content/uploads/2012/05/alternatives-east-africa-2013-v2-2.pdf

[1608] Penal Reform International. (2012) Alternatives to imprisonment in East Africa: Trends and challenges. https://cdn.penalreform.org/wp-content/uploads/2012/05/alternatives-east-africa-2013-v2-2.pdf

[1609] Penal Reform International. (2012) Alternatives to imprisonment in East Africa: Trends and challenges. https://cdn.penalreform.org/wp-content/uploads/2012/05/alternatives-east-africa-2013-v2-2.pdf

[1610] The Republic of Kenya. (2010) The Constitution of Kenya. *Laws of Kenya*. http://extwprlegs1.fao.org/docs/pdf/ken127322.pdf

[1611] Penal Reform International. (2012) Alternatives to imprisonment in East Africa: Trends and challenges. https://cdn.penalreform.org/wp-content/uploads/2012/05/alternatives-east-africa-2013-v2-2.pdf
[1612] The Republic of Kenya. (1994) Narcotic Drugs and Psychotropic Substances Control Act. *Laws of Kenya*. http://kenyalaw.org/kl/fileadmin/pdfdownloads/Acts/NarcoticDrugsandPsychotropicSubstances_Control_Act__Cap245.pdf
[1613] Dandurand, Y. (2012). A second chance - Alternatives to imprisonment and the social reintegration of offenders in Kenya. *UNODC.* https://www.researchgate.net/publication/235439041_A_Second_Chance_-_Alternatives_to_Imprisonment_and_the_Social_Reintegration_of_Offenders_In_Kenya
[1614] Dandurand, Y. (2012). A second chance - Alternatives to imprisonment and the social reintegration of offenders in Kenya. *UNODC.* https://www.researchgate.net/publication/235439041_A_Second_Chance_-_Alternatives_to_Imprisonment_and_the_Social_Reintegration_of_Offenders_In_Kenya
[1615] Dandurand, Y. (2012). A second shance - Alternatives to imprisonment and the social reintegration of offenders in Kenya. *UNODC.* https://www.researchgate.net/publication/235439041_A_Second_Chance_-_Alternatives_to_Imprisonment_and_the_Social_Reintegration_of_Offenders_In_Kenya
[1616] The Republic of Kenya. (2010) The Constitution of Kenya. *Laws of Kenya*. http://extwprlegs1.fao.org/docs/pdf/ken127322.pdf
[1617] The Republic of Kenya, Ministry of Health. (2017) The National Protocol for Treatment of Substance Use Disorders in Kenya. https://www.afro.who.int/sites/default/files/2017-09/The%20National%20Protocol%20for%20treatments%2014%2007%202017.pdf
[1618] The Republic of Kenya, Ministry of Health. (2017) The National Protocol for Treatment of Substance Use Disorders in Kenya. https://www.afro.who.int/sites/default/files/2017-09/The%20National%20Protocol%20for%20treatments%2014%2007%202017.pdf
[1619] Jaguga, F., & Kwobah, E. (2020) A review of the public sector substance use disorder treatment and prevention systems in Kenya. *Substance Abuse Treat Prevention Policy* 15, 47. https://substanceabusepolicy.biomedcentral.com/articles/10.1186/s13011-020-00291-5
[1620] Jaguga, F., & Kwobah, E. (2020) A review of the public sector substance use disorder treatment and prevention systems in Kenya. *Substance Abuse Treat Prevention Policy* 15, 47. https://substanceabusepolicy.biomedcentral.com/articles/10.1186/s13011-020-00291-5
[1621] Republic of Kenya. Alcoholic Drinks Control Act. 2012. http://kenyalaw.org:8181/exist/kenyalex/actview.xql?actid=No.%204%20of%202010.
[1622] Republic of Kenya. Narcotic drugs and psychotropic substances Act 1994. http://kenyalaw.org/kl/fileadmin/pdfdownloads/Acts/NarcoticDrugsandPsychotropicSubstances_Control_Act__Cap245.pdf.
[1623] Penal Reform International. (2012) Alternatives to imprisonment in East Africa: Trends and challenges. https://cdn.penalreform.org/wp-content/uploads/2012/05/alternatives-east-africa-2013-v2-2.pdf
[1624] Penal Reform International. (2012) Alternatives to imprisonment in East Africa: Trends and challenges. https://cdn.penalreform.org/wp-content/uploads/2012/05/alternatives-east-africa-2013-v2-2.pdf
[1625] Dandurand, Y. (2012). A second chance - Alternatives to imprisonment and the social reintegration of offenders in Kenya. *UNODC.* https://www.researchgate.net/publication/235439041_A_Second_Chance_-_Alternatives_to_Imprisonment_and_the_Social_Reintegration_of_Offenders_In_Kenya
[1626] Jaguga, F., & Kwobah, E. (2020) A review of the public sector substance use disorder treatment and prevention systems in Kenya. *Substance Abuse Treatment, Prevention, and Policym 15*, 47. https://substanceabusepolicy.biomedcentral.com/articles/10.1186/s13011-020-00291-5
[1627] The Republic of Kenya, Ministry of Health. (2017) The National Protocol for Treatment of Substance Use Disorders in Kenya. https://www.afro.who.int/sites/default/files/2017-09/The%20National%20Protocol%20for%20treatments%2014%2007%202017.pdf
[1628] The Republic of Kenya, Ministry of Health. (2017) The National Protocol for Treatment of Substance Use Disorders in Kenya. https://www.afro.who.int/sites/default/files/2017-09/The%20National%20Protocol%20for%20treatments%2014%2007%202017.pdf
[1629] Jaguga, F., & Kwobah, E. (2020) A review of the public sector substance use disorder treatment and prevention systems in Kenya. *Substance Abuse Treatment, Prevention, and Policy, 15,* 47. https://substanceabusepolicy.biomedcentral.com/articles/10.1186/s13011-020-00291-5
[1630] NACADA. National Authority for Campaign against Alcohol and Drug Abuse. https://nacada.go.ke/rehabilitation-centers

[1631] NACADA. National Authority for Campaign against Alcohol and Drug Abuse. https://nacada.go.ke/rehabilitation-centers
[1632] NACADA. National Authority for Campaign against Alcohol and Drug Abuse. https://nacada.go.ke/rehabilitation-centers
[1633] Dandurand, Y. (2012). A second chance - Alternatives to imprisonment and the social reintegration of offenders in Kenya. *UNODC.* https://www.researchgate.net/publication/235439041_A_Second_Chance_-_Alternatives_to_Imprisonment_and_the_Social_Reintegration_of_Offenders_In_Kenya
[1634] Penal Reform International. (2012) Alternatives to imprisonment in East Africa: Trends and challenges. https://cdn.penalreform.org/wp-content/uploads/2012/05/alternatives-east-africa-2013-v2-2.pdf
[1635] UNODC. (2020) Program for Legal Empowerment and Aid Delivery in Kenya (PLEAD) Annual Report 2019: Strengthening the Administration of Justice and Operationalizing Alternatives to Imprisonment in Kenya. https://www.unodc.org/documents/easternafrica//Criminal%20Justice/UNODC_PLEAD_ANNUAL_REPORT_2019.pdf
[1636] Penal Reform International. (2012) Alternatives to imprisonment in East Africa: Trends and challenges. https://cdn.penalreform.org/wp-content/uploads/2012/05/alternatives-east-africa-2013-v2-2.pdf
[1637] Jaguga, F., & Kwobah, E. (2020) A review of the public sector substance use disorder treatment and prevention systems in Kenya. *Substance Abuse Treatment, Prevention, and Policy, 15*, 47. https://substanceabusepolicy.biomedcentral.com/articles/10.1186/s13011-020-00291-5
[1638] Penal Reform International. (2012) Alternatives to imprisonment in East Africa: Trends and challenges. https://cdn.penalreform.org/wp-content/uploads/2012/05/alternatives-east-africa-2013-v2-2.pdf
[1639] Jaguga, F., & Kwobah, E. (2020) A review of the public sector substance use disorder treatment and prevention systems in Kenya. *Substance Abuse Treatment, Prevention, and Policy*, *15*, 47. https://substanceabusepolicy.biomedcentral.com/articles/10.1186/s13011-020-00291-5
[1640] Penal Reform International. (2012) Alternatives to imprisonment in East Africa: Trends and challenges. https://cdn.penalreform.org/wp-content/uploads/2012/05/alternatives-east-africa-2013-v2-2.pdf
[1641] Penal Reform International. (2012) Alternatives to imprisonment in East Africa: Trends and challenges. https://cdn.penalreform.org/wp-content/uploads/2012/05/alternatives-east-africa-2013-v2-2.pdf
[1642] Penal Reform International. (2012) Alternatives to imprisonment in East Africa: Trends and challenges. https://cdn.penalreform.org/wp-content/uploads/2012/05/alternatives-east-africa-2013-v2-2.pdf
[1643] Kingdom of Lesotho. *Drugs of Abuse Act 2008.* https://sherloc.unodc.org/cld/uploads/res/drugs-of-abuse-act-2008_html/DRUGS_OF_ABUSE_ACT_2008.pdf
[1644] Kingdom of Lesotho. *Drugs of Abuse Act 2008.* https://sherloc.unodc.org/cld/uploads/res/drugs-of-abuse-act-2008_html/DRUGS_OF_ABUSE_ACT_2008.pdf
[1645] Lesotho Ministry of Health. (2016). *National Health Strategic Plan 2017-2022.* http://www.africanchildforum.org/clr/policy%20per%20country/2018%20Update/Lesotho/lesotho_revised_nhsp_2017-22_2016_en.pdf
[1646] Lesotho Ministry of Health. (2016). *National Health Strategic Plan 2017-2022.* http://www.africanchildforum.org/clr/policy%20per%20country/2018%20Update/Lesotho/lesotho_revised_nhsp_2017-22_2016_en.pdf
[1647] World Health Organization. (2010). ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD): Country Profile: Lesotho. https://www.who.int/substance_abuse/publications/atlas_report/profiles/lesotho.pdf?ua=1
[1648] Malebese, T., & Mapesela, M. (2019). The Blue Cross Advocacy and Outpatient Treatment (BCAOT) Project 2018-2019. Final Evaluation Report. *Blue Cross Lesotho: Thaba-Bosiu Centre.* https://www.norad.no/globalassets/publikasjoner/publikasjoner-2019/norad-collected-reviews/the-blue-cross-advocacy-and-outpatient-treatment-bcaot-project-2018-2019.pdf
[1649] Partners in Health. (2018, July 24). Treating mind and body: Mental health care expanding in Lesotho. https://www.pih.org/article/treating-mind-and-body-mental-health-care-expanding-lesotho
[1650] Kingdom of Lesotho. *Drugs of Abuse Act 2008.* https://sherloc.unodc.org/cld/uploads/res/drugs-of-abuse-act-2008_html/DRUGS_OF_ABUSE_ACT_2008.pdf

[1651] Lesotho Ministry of Health. (2016). *National Health Strategic Plan 2017-2022.* http://www.africanchildforum.org/clr/policy%20per%20country/2018%20Update/Lesotho/lesotho_revised_nhsp_2017-22_2016_en.pdf
[1652] Mohloboli, K. (2019, January 14). Blue Cross shuts down. *Lesotho Times.* https://lestimes.com/blue-cross-shuts-down/
[1653] International Drug Policy Consortium. (2014). Review of the Liberian Controlled Drug and Substances Act and Liberia Drug Enforcement Agency Act. http://fileserver.idpc.net/library/Liberia-drugs-law-review-CDRL.pdf
[1654] International Drug Policy Consortium. (2014). Review of the Liberian Controlled Drug and Substances Act and Liberia Drug Enforcement Agency Act. http://fileserver.idpc.net/library/Liberia-drugs-law-review-CDRL.pdf
[1655] U.S. Department of State. (2018) *Liberia 2018 human rights report*. https://www.state.gov/wp-content/uploads/2019/03/Liberia-2018.pdf
[1656] World Prison Brief. (2019) World Prison Brief data: Liberia. https://www.prisonstudies.org/country/liberia
[1657] International Drug Policy Consortium. (2014). Review of the Liberian Controlled Drug and Substances Act and Liberia Drug Enforcement Agency Act. http://fileserver.idpc.net/library/Liberia-drugs-law-review-CDRL.pdf
[1658] Legislature of the Republic of Liberia (1969). *Liberia: Criminal Procedure Law*, January 1969. https://www.refworld.org/docid/3ae6b5410.html
[1659] UNODC. West and Central Africa: Liberia. https://www.unodc.org/westandcentralafrica/en/liberia.html
[1660] World Health Organization. (2016, April 4). E.S. Grant Mental Health Hospital in Liberia: Striving to help people with mental illness get well. https://www.who.int/news-room/feature-stories/detail/e-s-grant-mental-health-hospital-in-liberia-striving-to-help-people-with-mental-illness-get-well#
[1661] World Health Organization. (2016, April 4). E.S. Grant Mental Health Hospital in Liberia: Striving to help people with mental illness get well. https://www.who.int/news-room/feature-stories/detail/e-s-grant-mental-health-hospital-in-liberia-striving-to-help-people-with-mental-illness-get-well#
[1662] World Health Organization. (2016, April 4). E.S. Grant Mental Health Hospital in Liberia: Striving to help people with mental illness get well. https://www.who.int/news-room/feature-stories/detail/e-s-grant-mental-health-hospital-in-liberia-striving-to-help-people-with-mental-illness-get-well#
[1663] World Health Organization. (2016, March 29). Mental health services in Liberia: Building back better. https://www.who.int/news-room/feature-stories/detail/mental-health-services-in-liberia-building-back-better
[1664] World Health Organization. (2016, March 29). Mental health services in Liberia: Building back better. https://www.who.int/news-room/feature-stories/detail/mental-health-services-in-liberia-building-back-better
[1665] U.S. Department of State, Bureau for International Narcotics and Law Enforcement Affairs. (2020) *International Narcotics Control Strategy Report. Volume I Drug and Chemical Control*. https://www.state.gov/wp-content/uploads/2020/06/Tab-1-INCSR-Vol.-I-Final-for-Printing-1-29-20-508-4.pdf
[1666] World Health Organization. (2016, March 29). Mental health services in Liberia: Building back better. https://www.who.int/news-room/feature-stories/detail/mental-health-services-in-liberia-building-back-better
[1667] International Drug Policy Consortium. (2014). Review of the Liberian Controlled Drug and Substances Act and Liberia Drug Enforcement Agency Act. http://fileserver.idpc.net/library/Liberia-drugs-law-review-CDRL.pdf
[1668] U.S. Department of State. (2018) *Liberia 2018 human rights report.* https://www.state.gov/wp-content/uploads/2019/03/Liberia-2018.pdf
[1669] Walmsley, R. (2008). World pre-trial/remand imprisonment list. *London: International Centre for Prison Studies.* http://www.kcl.ac.uk/depsta/law/research/icps/downloads/WPTRIL.pdf
[1670] U.S. Department of State, Bureau for International Narcotics and Law Enforcement Affairs. (2020) *International Narcotics Control Strategy Report. Volume I Drug and Chemical Control*. https://www.state.gov/wp-content/uploads/2020/06/Tab-1-INCSR-Vol.-I-Final-for-Printing-1-29-20-508-4.pdf
[1671] Sieff, K. (2014, October 11). Liberia already had only a few dozen of its own doctors. Then came Ebola. *The Washington Post.* https://www.washingtonpost.com/world/africa/liberia-already-had-only-a-few-dozen-of-its-own-doctors-then-came-ebola/2014/10/11/dcf87c5c-50ac-11e4-aa5e-7153e466a02d_story.html
[1672] The AIDS and Rights Alliance for Southern Africa. (2019) Don't treat us as outsiders: Drug policy and the lived experiences of people who use drugs in Southern Africa. https://www.arasa.info/media/arasa/Resources/research%20reports/don-ttreatusasoutsidersfinal.pdf
[1673] Republic of Malawi. (1956). *Dangerous Drugs Act*, 1956.
[1674] Republic of Malawi. (1930). *Penal Code,* 1930.

[1675] Republic of Malawi. (1930). *Penal Code,* 1930.
[1676] UNODC. (2019). Stories from UNODC Southern Africa: Malawi magistrates urged to use alternatives to imprisonment. https://www.unodc.org/southernafrica/en/malawi-magistrates-urged-to-use-alternatives-to-imprisonment.html
[1677] World Health Organization. (2010). ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD): Country Profile: Malawi. https://www.who.int/substance_abuse/publications/atlas_report/profiles/malawi.pdf
[1678] UNODC. (2019). Stories from UNODC Southern Africa: Malawi magistrates urged to use alternatives to imprisonment. https://www.unodc.org/southernafrica/en/malawi-magistrates-urged-to-use-alternatives-to-imprisonment.html
[1679] World Health Organization. (2010). ATLAS of Substance Use Disorders Resources for the Prevention and Treatment of Substance Use Disorders (SUD): Country Profile: Malawi. https://www.who.int/substance_abuse/publications/atlas_report/profiles/malawi.pdf
[1680] Kauye, F., & Mafuta, C. (2007). Malawi. *International Psychiatry: Bulletin of the Board of International Affairs of the Royal College of Psychiatrists*, *4*(1), 9–11.
[1681] Kauye, F., & Mafuta, C. (2007). Malawi. *International Psychiatry: Bulletin of the Board of International Affairs of the Royal College of Psychiatrists*, *4*(1), 9–11.
[1682] Kauye, F., & Mafuta, C. (2007). Malawi. *International Psychiatry: Bulletin of the Board of International Affairs of the Royal College of Psychiatrists*, *4*(1), 9–11.
[1683] UNODC. (2019). Stories from UNODC Southern Africa: Malawi magistrates urged to use alternatives to imprisonment. https://www.unodc.org/southernafrica/en/malawi-magistrates-urged-to-use-alternatives-to-imprisonment.html
[1684] UNODC. (2019). Stories from UNODC Southern Africa: Malawi magistrates urged to use alternatives to imprisonment. https://www.unodc.org/southernafrica/en/malawi-magistrates-urged-to-use-alternatives-to-imprisonment.html
[1685] Kuyokwa, J., Chiziwa, S., Chinkhata, M. & Muyilaet. D. (2019) Epidemiology of psychoactive substance use and associated factors among adolescents: A descriptive study of selected secondary schools in South West Education Division, Blantyre, Malawi. *Integrative Journal of Global Health, 3*(1:1). https://www.imedpub.com/articles/epidemiology-of-psychoactive-substance-use-and-associated-factors-among-adolescents-a-descriptive-study-of-selected-secondary-scho.pdf
[1686] Tinasti, K. (2017). View from the ground – Harm reduction, drug policy, and the law in the Maghreb: Focus on Tunisia and Mauritania. Global Drug Policy Observatory. https://gdpo.swan.ac.uk/?p=476
[1687] Tinasti, K. (2017) View from the ground – Harm reduction, drug policy, and the law in the Maghreb: Focus on Tunisia and Mauritania. Global Drug Policy Observatory. https://gdpo.swan.ac.uk/?p=476
[1688] Tinasti, K. (2017) View from the ground – Harm reduction, drug policy, and the law in the Maghreb: Focus on Tunisia and Mauritania. Global Drug Policy Observatory. https://gdpo.swan.ac.uk/?p=476
[1689] Gabbay, S. (2014). The treatment of drug offenses in Sharia-based countries: The case of Pakistan. *International Journal of Humanities and Social Science, 4(*10) (1). http://www.ijhssnet.com/journals/Vol_4_No_10_1_August_2014/8.pdf
[1690] The Islamic Republic of Mauritania. *Criminal Code (*Code Pénal) *Art. 341. July 9, 1983*
[1691] UNODC. (2018). Civil society: A partner of choice for advocating against illicit substances. *Newsletter of the UNODC/ECOWAS, No. 4.* https://www.unodc.org/documents/westandcentralafrica//ecowasgrants/newsletter-UNODC-ECOWAS-_issue4-dec18.pdf
[1692] UNODC. (2018).Civil society: A partner of choice for advocating against illicit substances. *Newsletter of the UNODC/ECOWAS, No. 4.* https://www.unodc.org/documents/westandcentralafrica//ecowasgrants/newsletter-UNODC-ECOWAS-_issue4-dec18.pdf
[1693] UNODC. (2018). Civil society: A partner of choice for advocating against illicit substances. *Newsletter of the UNODC/ECOWAS, No. 4.* https://www.unodc.org/documents/westandcentralafrica//ecowasgrants/newsletter-UNODC-ECOWAS-_issue4-dec18.pdf
[1694] UNODC. (2018). Civil society: A partner of choice for advocating against illicit substances. *Newsletter of the UNODC/ECOWAS, No. 4.* https://www.unodc.org/documents/westandcentralafrica//ecowasgrants/newsletter-UNODC-ECOWAS-_issue4-dec18.pdf

[1695] World Health Organization. (2017) Mental Health ATLAS 2017 Member State Profile: Mauritania. https://www.who.int/mental_health/evidence/atlas/profiles-2017/MR.pdf?ua=1
[1696] UNODC. (2018). Civil society: A partner of choice for advocating against illicit substances. *Newsletter of the UNODC/ECOWAS, No. 4.* https://www.unodc.org/documents/westandcentralafrica//ecowasgrants/newsletter-UNODC-ECOWAS-_issue4-dec18.pdf
[1697] UNODC. (2018). Civil society: A partner of choice for advocating against illicit substances. *Newsletter of the UNODC/ECOWAS, No. 4.* https://www.unodc.org/documents/westandcentralafrica//ecowasgrants/newsletter-UNODC-ECOWAS-_issue4-dec18.pdf
[1698] UNODC. (2018). Civil society: A partner of choice for advocating against illicit substances. *Newsletter of the UNODC/ECOWAS, No. 4.* https://www.unodc.org/documents/westandcentralafrica//ecowasgrants/newsletter-UNODC-ECOWAS-_issue4-dec18.pdf
[1699] World Health Organization. (2017) Mental Health ATLAS 2017 Member State Profile: Mauritania. https://www.who.int/mental_health/evidence/atlas/profiles-2017/MR.pdf?ua=1
[1700] Government of Mauritius. (n.d.) Criminal Procedure Act 1853. Revised Laws of Mauritius. https://attorneygeneral.govmu.org
[1701] Government of Mauritius. (2001) Dangerous Drugs Act 2000. Financial Intelligence Unit of Mauritius. http://www.fiumauritius.org
[1702] Republic of Mauritius. (2019) National Drug Control Master Plan 2019-2023. Defense and Home Affairs Division. https://dha.govmu.org
[1703] Figaro-Jolicoeur, J. (2018) Treatment of drug offenders in the Mauritius prison service. United Nations Asia and Far East Institute for the Prevention of Crime and Treatment of Offenders. https://unafei.or.jp/publications/pdf/RS_No107/No107_12_IP_Mauritius_1.pdf
[1704] TNS Analysis (2015). Image and perception of drugs in Mauritius-2015. TNS Analysis. http://pils.mu/wp-content/uploads/2017/03/TNS-Image-and-perception-of-drugs-in-Mauritius.pdf
[1705] TNS Analysis. (2015). Image and perception of drugs in Mauritius-2015. http://pils.mu/wp-content/uploads/2017/03/TNS-Image-and-perception-of-drugs-in-Mauritius.pdf
[1706] Republic of Mauritius. (2019) National Drug Control Master Plan 2019-2023. Defense and Home Affairs Division. https://dha.govmu.org
[1707] Republic of Mauritius. (2019) National Drug Control Master Plan 2019-2023. Defense and Home Affairs Division. https://dha.govmu.org
[1708] Government of Mauritius. (n.d.) Criminal Procedure Act 1853. Revised Laws of Mauritius. https://attorneygeneral.govmu.org
[1709] Republic of Mauritius. (2019) National Drug Control Master Plan 2019-2023. Defense and Home Affairs Division. https://dha.govmu.org
[1710] Republic of Mauritius. (2019) National Drug Control Master Plan 2019-2023. Defense and Home Affairs Division. https://dha.govmu.org
[1711] Muntingh, L., Lorizzo, T., & Petrovic, T. (2020). Alternatives to imprisonment in Mozambique: The implementation of community service orders. Africa Criminal Justice Reform. https://acjr.org.za/resource-centre/alternatives-moz-eng-2020.pdf/view
[1712] Frey, A. (2020, October 8). Mozambique: Courts must use non-custodial sanctions as from 2021. Club of Mozambique. https://clubofmozambique.com/news/mozambique-courts-must-use-non-custodial-sentences-as-from-2021-173307/
[1713] Muntingh, L., Lorizzo, T., Petrovic, T. (2020). Alternatives to imprisonment in Mozambique: The implementation of community service orders. Africa Criminal Justice Reform. https://acjr.org.za/resource-centre/alternatives-moz-eng-2020.pdf/view
[1714] Izidine, N. (2019). Statement on Stage of the Law Review Process 3/97 of 13 March. Central Office of Prevention and Combat Drugs. Ministerial Segment, Commission on Narcotic Drugs. https://www.unodc.org/documents/commissions/CND/2019/2019_MINISTERIAL_SEGMENT/15March./Mozambique.pdf
[1715] Izidine, N. (2019). Statement on Stage of the Law Review Process 3/97 of 13 March. Central Office of Prevention and Combat Drugs. Ministerial Segment, Commission on Narcotic Drugs. https://www.unodc.org/documents/commissions/CND/2019/2019_MINISTERIAL_SEGMENT/15March./Mozambique.pdf
[1716] Semá Baltazar, C., Boothe, M., & Kellogg, T. (2020). Young people who inject drugs in Mozambique: Should we emphasize them in the National Harm Reduction Plan? *Harm Reduction Journal, 17*(1), 20. https://doi.org/10.1186/s12954-020-00363-6
[1717] Semá Baltazar, C., Boothe, M., & Kellogg, T. (2020). Young people who inject drugs in Mozambique: Should we emphasize them in the National Harm Reduction Plan? *Harm Reduction journal, 17*(1), 20. https://doi.org/10.1186/s12954-020-00363-6
[1718] Muntingh, L., Lorizzo, T., Petrovic, T. (2020). Alternatives to imprisonment in Mozambique: The implementation of community service orders. Africa Criminal Justice Reform. https://acjr.org.za/resource-centre/alternatives-moz-eng-2020.pdf/view

[1719] Muntingh, L., Lorizzo, T., Petrovic, T. (2020). Alternatives to imprisonment in Mozambique: The implementation of community service orders. Africa Criminal Justice Reform. https://acjr.org.za/resource-centre/alternatives-moz-eng-2020.pdf/view
[1720] Republic of Namibia. (1977). Criminal Procedure Act 51 of 1977. https://laws.parliament.na/cms_documents/criminal-procedure-b70a215a93.pdf
[1721] Magadza, M. (2019). Towards alternatives to imprisonment. *New Era Live*. https://neweralive.na/posts/towards-alternatives-to-imprisonment
[1722] Kazembe, L.N. & Neema, I. (2015). Drugs and drug control in Namibia. In A. Kalunta-Crumpton (Ed.), *Drugs and Drug Control: Pan-African Perspective*. Routledge. 10.4324/9781315599335-5
[1723] Kazembe, L.N. & Neema, I. (2015). Drugs and drug control in Namibia. In A. Kalunta-Crumpton (Ed.), *Drugs and Drug Control: Pan-African Perspective*. Routledge. 10.4324/9781315599335-55
[1724] Limbo, N. (2014). The rehabilitation of illicit drug users in correctional facilities: A strategy of effective stakeholder cooperation and collaboration. Resource Material Series, 107. United Nations Asia and Far East Institute for the Prevention of Crime and the Treatment of Offenders. https://www.unafei.or.jp/publications/pdf/RS_No107/No107_14_IP_Namibia.pdf
[1725] Kazembe, L.N. & Neema, I. (2015). Drugs and drug control in Namibia. In A. Kalunta-Crumpton (Ed.), *Drugs and Drug Control: Pan-African Perspective*. Routledge. 10.4324/9781315599335-5
[1726] World Health Organization. (2010). ATLAS of Substance Use Disorders: Resources for the Prevention and Treatment of SUDs. WHO. https://www.who.int/substance_abuse/publications/atlas_report/profiles/namibia.pdf
[1727] Namibia Correctional Service. (2021). Community Corrections. https://ncs.gov.na/community-corrections
[1728] Republic of Namibia. (2009). Criminal Procedure Act 51 of 1977. https://laws.parliament.na/cms_documents/criminal-procedure-b70a215a93.pdf
[1729] Kazembe, L.N. & Neema, I. (2015). Drugs and drug control in Namibia. In A. Kalunta-Crumpton (Ed.), *Drugs and Drug Control: Pan-African Perspective*. Routledge. 10.4324/9781315599335-5
[1730] Federal Republic of Nigeria. (2015). *Administration of Criminal Justice Act, 2015.* https://www.policinglaw.info/assets/downloads/2015_Administration_of_Criminal_Justice_Act.pdf
[1731] Bridge, J. & Loglo, M. (2017). Drug laws in West Africa: A review and summary. *International Drug Policy Consortium.* *https://idpc.net/publications/2017/11/drug-laws-in-west-africa-a-review-and-summary*
[1732] National Drug Law Enforcement Agency Act, CAP n.30. 20, pt. 1
[1733] National Drug Law Enforcement Agency Act, CAP n. 30. 20, pt. 4
[1734] Opafunso, Z.O., & Adepoju, O.O. (2016). Prison reforms system and inmate's welfare in Nigeria. *Arts and Social Sciences Journal 7*(1). https://www.hilarispublisher.com/open-access/prison-reforms-system-and-inmates-welfare-in-nigeria-2151-6200-1000166.pdf
[1735] Opafunso, Z.O., & Adepoju, O.O. (2016). Prison reforms system and inmate's welfare in Nigeria. *Arts and Social Sciences Journal 7*(1). https://www.hilarispublisher.com/open-access/prison-reforms-system-and-inmates-welfare-in-nigeria-2151-6200-1000166.pdf
[1736] Opafunso, Z.O., & Adepoju, O.O. (2016). Prison reforms system and inmate's welfare in Nigeria. *Arts and Social Sciences Journal 7*(1). https://www.hilarispublisher.com/open-access/prison-reforms-system-and-inmates-welfare-in-nigeria-2151-6200-1000166.pdf
[1737] UNODC. (2018). Drug use in Nigeria 2018. https://www.unodc.org/documents/data-and-analysis/statistics/Drugs/Drug_Use_Survey_Nigeria_2019_BOOK.pdf.
[1738] UNODC. (2018). Drug use in Nigeria 2018. https://www.unodc.org/documents/data-and-analysis/statistics/Drugs/Drug_Use_Survey_Nigeria_2019_BOOK.pdf.
[1739] UNODC. (2018). Drug use in Nigeria 2018. https://www.unodc.org/documents/data-and-analysis/statistics/Drugs/Drug_Use_Survey_Nigeria_2019_BOOK.pdf.
[1740] UNODC. (2018). Drug use in Nigeria 2018. https://www.unodc.org/documents/data-and-analysis/statistics/Drugs/Drug_Use_Survey_Nigeria_2019_BOOK.pdf.
[1741] Federal Republic of Nigeria. (2015). Administration of Criminal Justice Act, 2015. Explanatory Memorandum. https://www.policinglaw.info/assets/downloads/2015_Administration_of_Criminal_Justice_Act.pdf

[1742] International Drug Policy Consortium. (2014). We are people: The unintended consequences of Nigeria drug law and policy on the health and human rights of young people who use drugs. https://idpc.net/publications/2014/12/we-are-people
[1743] Equal Rights Trust. (2008). Surviving a Nigerian asylum for persons with disabilities. https://www.equalrightstrust.org/story/surviving-nigerian-asylum-persons-disabilities.
[1744] Ogunlesi, A. O., & Ogunwale, A. (2018). Correctional psychiatry in Nigeria: Dynamics of mental healthcare in the most restrictive alternative. *BJPsych International, 15*(2), 35-38.
[1745] Ogunlesi, A. O., & Ogunwale, A. (2018). Correctional psychiatry in Nigeria: Dynamics of mental healthcare in the most restrictive alternative. *BJPsych International, 15*(2), 35-38.
[1746] UNODC. (2018). Drug use in Nigeria 2018. https://www.unodc.org/documents/data-and-analysis/statistics/Drugs/Drug_Use_Survey_Nigeria_2019_BOOK.pdf.
[1747] International Drug Policy Consortium. (2014). We are people: The unintended consequences of Nigeria drug law and policy on the health and human rights of young people who use drugs. Retrieved from https://idpc.net/publications/2014/12/we-are-people
[1748] UNODC. (2018). Drug use in Nigeria 2018. https://www.unodc.org/documents/data-and-analysis/statistics/Drugs/Drug_Use_Survey_Nigeria_2019_BOOK.pdf.
[1749] UNODC. (2018). Drug use in Nigeria 2018. https://www.unodc.org/documents/data-and-analysis/statistics/Drugs/Drug_Use_Survey_Nigeria_2019_BOOK.pdf.
[1750] Inter-Ministerial Committee on Drug Control of Nigeria, *National Drug Control Master Plan* (NDCMP) 2015-2019. https://www.unodc.org/documents/nigeria/publications/National_Drug_Control_Master_Plan_2015-2019.pdf
[1751] UNODC. (2018). Drug use in Nigeria 2018. https://www.unodc.org/documents/data-and-analysis/statistics/Drugs/Drug_Use_Survey_Nigeria_2019_BOOK.pdf.
[1752] National Assembly of São Tomé and Príncipe. (2012). Código Penal. http://www.africanchildforum.org/clr/Legislation%20Per%20Country/saotome/saotome_penal_2012_pr.pdf
[1753] National Assembly of São Tomé and Príncipe. (2012). Código Penal. http://www.africanchildforum.org/clr/Legislation%20Per%20Country/saotome/saotome_penal_2012_pr.pdf
[1754] National Assembly of São Tomé and Príncipe. (2012). Código Penal. http://www.africanchildforum.org/clr/Legislation%20Per%20Country/saotome/saotome_penal_2012_pr.pdf
[1755] De Santiago, I., Ribeiro, R., Bacelar-Nicolau, L., Pereira-Miguel, J. (2020). Consumption of alcohol and drugs in the school population of Sao Tome and Príncipe. *Acta Médica Portuguesa 33*(4), 237-245. DOI: 10.20344/amp.11876.
[1756] National Assembly of São Tomé and Príncipe. (2012). Código Penal. http://www.africanchildforum.org/clr/Legislation%20Per%20Country/saotome/saotome_penal_2012_pr.pdf
[1757] Republic of Sierra Leone. The Criminal Procedure Acts, 1965. The Laws of Sierra Leone. http://www.sierra-leone.org/Laws/1965-32.pdf
[1758] Sierra Leone Legal Information Institute. (2008). National Drugs Control Act, 2008. https://sierralii.org/sl/legislation/act/2008/10
[1759] Kamara, I.S. (2016, August 16). Sierra Leone: Prison reforms bring no relief. Institute for War and Peace Reporting. https://iwpr.net/global-voices/sierra-leone-prison-reforms-bring-no-relief
[1760] Kamara, I.S. (2016, August 16). Sierra Leone: Prison reforms bring no relief. Institute for War and Peace Reporting. https://iwpr.net/global-voices/sierra-leone-prison-reforms-bring-no-relief
[1761] U.S. Department of State Overseas Security Advisory Council (OSAC). (2020). Sierra Leone 2020 Crime and Safety Report. Country Security Report. https://www.osac.gov/Country/SierraLeone/Content/Detail/Report/e09787ea-fba1-4ff9-881b-1863a15c7fc6
[1762] Inveen, C. (2017, February 13). Opioids: Sierra Leone's newest public health emergency. *Aljazeera*. https://www.aljazeera.com/features/2017/2/13/opioids-sierra-leones-newest-public-health-emergency
[1763] Republic of Sierra Leone. The Criminal Procedure Acts, 1965. The Laws of Sierra Leone. http://www.sierra-leone.org/Laws/1965-32.pdf

[1764] Kamara, I.S. (2016, August 16). Sierra Leone: Prison reforms bring no relief. Institute for War and Peace Reporting. https://iwpr.net/global-voices/sierra-leone-prison-reforms-bring-no-relief
[1765] Somalia Court of Justice (2020). Somalian Penal Code. Somali and Criminal Law. http://www.somalilandlaw.com/criminal_law.html
[1766] Somalia Court of Justice (2020). Somalian Penal Code. Somali and Criminal Law. http://www.somalilandlaw.com/criminal_law.html
[1767] Federal Government of Somalia (2017). Somali Criminal Law, Recodification Initiative. https://www.law.upenn.edu/live/files/6310-vol-1-and-2-somali-recodification
[1768] WHO. (2015). Somalia. World Health Organization Humanitarian Response Plans. https://www.who.int/hac/donorinfo/somalia.pdf?ua=1
[1769] Danish Immigration Service. (2020). *Somalia: Health System. Ministry of Immigration and Integration, Country Report, Country of Origin Information*. https://www.ecoi.net/en/document/2041134.html
[1770] Somalia Court of Justice (2020). Somalian Penal Code. Somali and Criminal Law. http://www.somalilandlaw.com/criminal_law.html
[1771] Somalia Court of Justice (2020). Somalian Penal Code. Somali and Criminal Law. http://www.somalilandlaw.com/criminal_law.html
[1772] United Nations Assistance Mission in Somalia and the World Bank (2017). *Federal Republic of Somalia: Somalia Security and Justice Sector PER*. https://documents1.worldbank.org/curated/en/644671486531571103/pdf/Somalia-Security-and-justice-sector-public-expenditure-review.pdf
[1773] Library of Congress Law. (2020, December 30). Sentencing Guidelines: South Africa. https://www.loc.gov/law/help/sentencing-guidelines/southafrica.php
[1774] Republic of South Africa (1977 May 6). Criminal Procedure Act 51 of 1977. https://www.justice.gov.za/legislation/acts/1977-051.pdf
[1775] Library of Congress Law. (2020, December 30). Sentencing Guidelines: South Africa. https://www.loc.gov/law/help/sentencing-guidelines/southafrica.php
[1776] Republic of South Africa. (2019). National Drug Master Plan, 4th ed. 2019-2024. https://www.gov.za/sites/default/files/gcis_document/202006/drug-master-plan.pdf
[1777] Republic of South Africa. (2019). National Drug Master Plan, 4th ed. 2019-2024. https://www.gov.za/sites/default/files/gcis_document/202006/drug-master-plan.pdf
[1778] Republic of South Africa. (2009 April 21). Prevention of and Treatment for Substance Abuse Act, 2008. https://www.gov.za/sites/default/files/gcis_document/201409/32150436.pdf
[1779] Eligh, J. (2019, June 30). The evolution of illicit drug markets and drug policy in Africa. ENACT (Continental Report No. 3). https://enactafrica.org/research/continental-reports/the-evolution-of-illicit-drug-markets-and-drug-policy-in-africa
[1780] Eligh, J. (2019, June 30). The evolution of illicit drug markets and drug policy in Africa. ENACT (Continental Report No. 3). https://enactafrica.org/research/continental-reports/the-evolution-of-illicit-drug-markets-and-drug-policy-in-africa
[1781] Singh, S. (2007). Alternatives to imprisonment in South Africa: A historical perspective, 1980's to present. *New Contree*, 53. http://dspace.nwu.ac.za/handle/10394/5169
[1782] Republic of South Africa. (2021). Social Development. South African Government. Retrieved from https://www.gov.za/about-sa/social-development
[1783] Serenity Care Center. About Us. http://serenitycares.co.za/about-us/
[1784] Department of Correctional Services, Republic of South Africa. Community Corrections. http://www.dcs.gov.za
[1785] Department of Correctional Services, Republic of South Africa. Community Corrections. http://www.dcs.gov.za
[1786] Republic of South Africa. (2019). National Drug Master Plan, 4th ed. 2019-2024. https://www.gov.za/sites/default/files/gcis_document/202006/drug-master-plan.pdf
[1787] South Sudan. (2009). The Penal Code Act, 2008. Ministry Legal Affairs and Constitutional Development. https://www.sudantribune.com/spip.php?article44039
[1788] U.S. Department of State (2018). 2018 Country Reports on Human Rights Practices: South Sudan. https://www.state.gov/reports/2018-country-reports-on-human-rights-practices/south-sudan/
[1789] WHO. (2019, May 8). South Sudan revises its National Standard Treatment Guidelines to improve quality of care at community and health facility levels. https://www.afro.who.int/news/south-sudan-revises-its-national-standard-treatment-guidelines-improve-quality-care-community
[1790] WHO. (2021) South Sudan. Global Health Workforce Alliance. https://www.who.int/workforcealliance/countries/ssd/en/

[1791] WHO. (2021) South Sudan. Global Health Workforce Alliance. https://www.who.int/workforcealliance/countries/ssd/en/
[1792] South Sudan. (2009). The Penal Code Act, 2008. Ministry Legal Affairs and Constitutional Development. https://www.sudantribune.com/spip.php?article44039
[1793] South Sudan. (2009). The Penal Code Act, 2008. Ministry Legal Affairs and Constitutional Development. https://www.sudantribune.com/spip.php?article44039
[1794] WHO. (2021) South Sudan. Global Health Workforce Alliance. https://www.who.int/workforcealliance/countries/ssd/en/
[1795] Sudan. (2003). The Penal Code, 2003. Secretariat for Legal Affairs and Constitutional Development. https://www.ilo.org/dyn/natlex
[1796] Sudan. (2003). The Penal Code, 2003. Secretariat for Legal Affairs and Constitutional Development. https://www.ilo.org/dyn/natlex
[1797] Daghar, M. (2019, June 24S). Is Sudan a new hub for captagon trafficking? ENACT. https://enactafrica.org/research/trend-reports/is-sudan-a-new-hub-for-captagon-trafficking
[1798] El Mahi, M. (2018). Substance use problem in Sudan: Elephant in the room. *BJPsych International, 15*(4), 89-91. doi:10.1192/bji.2017.33
[1799] Omer, A.A., Hassan, R.M.E. & Ali, A.Y. (2016). Socio-demographic characteristics and types of illicit drugs used in Sudan, A Hayat Rehabilitation Center experience. *International Journal of Emergency Mental Health and Human Resilience, 18*(3), 1-2.
[1800] Sudan. (2003). The Penal Code, 2003. Secretariat for Legal Affairs and Constitutional Development. https://www.ilo.org/dyn/natlex
[1801] Kingdom of Swaziland. (2005). The Constitution of the Kingdom of Swaziland Act 2005. https://wipolex.wipo.int/en/text/492668
[1802] Langwenya, M. (2013). Swaziland: Justice sector and rule of law. AfriMAP and the Open Society Initiative for Southern Africa. https://www.icj.org/wp-content/uploads/2014/06/afrimap_swz_justice_sector_Langwenya.pdf
[1803] Langwenya, M. (2013). Swaziland: Justice sector and rule of law. AfriMAP and the Open Society Initiative for Southern Africa. https://www.icj.org/wp-content/uploads/2014/06/afrimap_swz_justice_sector_Langwenya.pdf
[1804] Rich, T. (2012). Substance abuse in Swaziland. Undergraduate Honors Thesis. University of Florida Digital Collections. https://ufdc.ufl.edu/
[1805] Rich, T. (2012). Substance abuse in Swaziland. Undergraduate Honors Thesis. University of Florida Digital Collections. https://ufdc.ufl.edu/
[1806] Rich, T. (2012). Substance abuse in Swaziland. Undergraduate Honors Thesis. University of Florida Digital Collections. https://ufdc.ufl.edu/
[1807] Rich, T. (2012). Substance abuse in Swaziland. Undergraduate Honors Thesis. University of Florida Digital Collections. https://ufdc.ufl.edu/
[1808] Langwenya, M. (2013). Swaziland: Justice sector and rule of law. AfriMAP and the Open Society Initiative for Southern Africa. https://www.icj.org/wp-content/uploads/2014/06/afrimap_swz_justice_sector_Langwenya.pdf
[1809] United Republic of Tanzania. (2021). The Criminal Procedure Act. Cooperation and Judicial Assistance Database. https://cjad.nottingham.ac.uk/en/legislation/828/
[1810] United Republic of Tanzania. (2021). The Criminal Procedure Act. Cooperation and Judicial Assistance Database. https://cjad.nottingham.ac.uk/en/legislation/828/
[1811] Penal Reform International (2012). Alternatives to imprisonment in East Africa: Trends and challenges. https://www.penalreform.org/resource/alternatives-imprisonment-east-africa-trends-challenges/
[1812] United Republic of Tanzania. (2015). The Drug Control and Enforcement Act, 2015. Tanzania Legal Information Institute. tanzlii.org
[1813] Shadrack, J. (2014). Non-custodial measures: Tanzanian Context. http://jabashadrack.blogspot.com/2014/05/non-custodial-measures-tanzanian-context.html
[1814] Shadrack, J. (2014). Non-custodial measures: Tanzanian Context. http://jabashadrack.blogspot.com/2014/05/non-custodial-measures-tanzanian-context.html
[1815] Lambdin, B.H., Bruce, D.R., Chang, O., Nyandindi, C., Sabuni, N. Zamudio-Haas, S., McCurdy, S., Masao, Ivo, Y., Msami, A., Ubuguy, O., & Mbwambo, J. (2013). Identifying programmatic gaps: Inequities in harm reduction service utilization among male and female drug users in Dar es Salaam. Tanzania. *PloS One, 8*(6), e67062 Doi: 10.1371/journal.pone.0067062
[1816] WHO. (2013). New treatment gives hope to East Africa's drug users. *Bulletin of the World Health Organization, 9*(2), 81-156.
[1817] United Republic of Tanzania. (2015). The Drug Control and Enforcement Act, 2015. Tanzania Legal Information Institute. https://tanzlii.org/tz/legislation/act/2015/5-0

[1818] United Republic of Tanzania. (2015). The Drug Control and Enforcement Act, 2015. Tanzania Legal Information Institute. https://tanzlii.org/tz/legislation/act/2015/5-0
[1819] Library of Congress. (2020). Sentencing Guidelines: Uganda. Library of Congress. https://loc.gov/law/help/sentencing-guidelines/uganda.php
[1820] Burke-Shyne, N. (2014, December 15). Four laws that are devastating public health in Uganda. Open Society Foundations. https://www.opensocietyfoundations.org/voices/four-laws-are-devastating-public-health-uganda
[1821] Government of Uganda (2016). The Narcotic Drugs and Psychotropic Substances (Control) Act, No. 3 of 2016. https://fia.go.ug/sites/default/files/2020-06/The%20Narcotic%20Drugs%20and%20Psychotropic%20substances%20%28Control%29%20Act%202016.pdf
[1822] Burke-Shyne, N. (2014, December 15). Four laws that are devastating public health in Uganda. Open Society Foundations. https://www.opensocietyfoundations.org/voices/four-laws-are-devastating-public-health-uganda
[1823] Uganda Harm Reduction Network. (2021). Mental Health Innovators. https://www.mhinnovation.net/organisations/uganda-harm-reduction-network
[1824] Namara, E. (2020, September 27). In Uganda, Addiction Treatment Is a Privilege Few Can Afford. Global Press Journal. https://globalpressjournal.com/africa/uganda/uganda-addiction-treatment-privilege-can-afford/
[1825] Namara, E. (2020, September 27). In Uganda, Addiction Treatment Is a Privilege Few Can Afford. Global Press Journal. https://globalpressjournal.com/africa/uganda/uganda-addiction-treatment-privilege-can-afford/
[1826] Namara, E. (2020, September 27). In Uganda, Addiction Treatment Is a Privilege Few Can Afford. Global Press Journal. https://globalpressjournal.com/africa/uganda/uganda-addiction-treatment-privilege-can-afford/
[1827] Library of Congress. (2020). Sentencing Guidelines: Uganda. Library of Congress. https://loc.gov/law/help/sentencing-guidelines/uganda.php
[1828] Government of Uganda (2016). The Narcotic Drugs and Psychotropic Substances (Control) Act, No. 3 of 2016. https://fia.go.ug/sites/default/files/2020-06/The%20Narcotic%20Drugs%20and%20Psychotropic%20substances%20%28Control%29%20Act%202016.pdf
[1829] Republic of Zambia (2021). The Criminal Procedure Code Act. Laws of Zambia. https://www.parliament.gov.zm/node/826
[1830] Ong'olo, J.M (2021, April 14). Treatment as an alternative to imprisonment: African Region experience. Presentation at Side Event of the 64th Session of the Commission on Narcotic Drugs.
[1831] PLEED. (2017). Symposium on legal and administrative reforms to address congestion in correctional facilities. Africa Criminal Justice Reform. https://acjr.org.za/resource-centre/report_moj-symposium-12-09-14-09-final.pdf/view
[1832] WHO. (2010). Atlas of Substance Use Disorders: Resources for the Prevention and Treatment of Substance Use Disorders. Country Profile: Zambia. https://www.who.int/substance_abuse/publications/atlas_report/profiles/zambia.pdf
[1833] Akibaa, C., Kanea, J.C., Skayenski van Wyka, S., Paulb, R., Mukuntac, C. & Murray, L.K. (2018). Treatment of an HIV-affected adolescent with heroin dependence in a low-income country: A clinical case study from Zambia. *Addictive Behaviors Report*, *8*, 170-175. Doi: 10.1016/j.abrep.2018.09.003
[1834] Republic of Zambia (2021). The Criminal Procedure Code Act. Laws of Zambia. https://www.parliament.gov.zm/node/826
[1835] Ong'olo, J.M (2021, April 14). Treatment as an alternative to imprisonment: African Region experience. Presentation at Side Event of the 64th Session of the Commission on Narcotic Drugs.
[1836] Ong'olo, J.M (2021, April 14). Treatment as an alternative to imprisonment: African Region experience. Presentation at Side Event of the 64th Session of the Commission on Narcotic Drugs.
[1837] Zimbabwe Legal Information Institute. (2021). Sentencing. https://zimlii.org
[1838] Zimbabwe Legal Information Institute. (2021). Sentencing. https://zimlii.org
[1839] Law Hub. (2017, May 7). Drug Trafficking in Zimbabwe. Law Hub: Criminal Law. https://lawhubzim.org/drug-trafficking-in-zimbabwe/
[1840] ARASA. (2021). *"Don't treat us as outsiders:" Drug policy and the lived experiences of people who use drugs in Southern Africa.* ARASA. https://www.arasa.info/media/arasa/Resources/research%20reports/don-ttreatusasoutsidersfinal.pdf
[1841] James. (2020, February 17). Drug abuse on the rise in Zimbabwe. https://www.matrixdiagnostics.co.uk/drug-abuse-on-the-rise-in-zimbabwe/
[1842] James. (2020, February 17). Drug abuse on the rise in Zimbabwe. https://www.matrixdiagnostics.co.uk/drug-abuse-on-the-rise-in-zimbabwe/
[1843] Zimbabwe Legal Information Institute. (2021). Sentencing. https://zimlii.org

[1844] Law Hub. (2017, May 7). Drug Trafficking in Zimbabwe. Law Hub: Criminal Law. https://lawhubzim.org/drug-trafficking-in-zimbabwe/
[1845]Islamic Republic of Afghanistan. (2005). *Counter Narcotics Drug Law*. RefWorld. https://www.refworld.org/cgi-bin/texis/vtx/rwmain/opendocpdf.pdf?reldoc=y&docid=5475b6574
[1846] INL. (2018). *International Narcotics Control Strategy Report*. US Department of State. https://www.state.gov/wp-content/uploads/2019/04/2018-INCSR-Vol.-I.pdf
[1847] UNODC. (2014). *Impact of drug use on users and their families in Afghanistan*. https://www.unodc.org/documents/data-and-analysis/Studies/Impacts_Study_2014_web.pdf
[1848] Todd, C. S., Safi, N., & Strathdee, S. A. (2005). Drug use and harm reduction in Afghanistan. *Harm Reduction Journal 2(13)*, 1-6.
[1849] UNODC. (n.d.). *Criminal Justice Reform: Afghanistan*. https://www.unodc.org/documents/afghanistan/One_Pagers/R87_final.pdf
[1850] Torosyan, A. (2019, March 15). *Ministerial Segment of the Sixty-Second Session of the Commission on Narcotic Drugs 15 March 2019, Vienna*. UNODC. https://www.unodc.org/documents/commissions/CND/2019/2019_MINISTERIAL_SEGMENT/15March/Armenia.pdf
[1851] Republic of Armenia. (n.d.). *The Responses Provided by the Government of the Republic of Armenia to the Questionnaire of the Chair Rapporteur of the UN Working Group on the Arbitrary Detention.* OHCHR. https://www.ohchr.org/Documents/Issues/Detention/Call/Country/Armenia.pdf
[1852] Republic of Armenia. (n.d.). *The Responses Provided by the Government of the Republic of Armenia to the Questionnaire of the Chair Rapporteur of the UN Working Group on the Arbitrary Detention.* OHCHR. https://www.ohchr.org/Documents/Issues/Detention/Call/Country/Armenia.pdf
[1853] Davidyants, V., Beglaryan, Z., Malintsyan. G., Tatoyan, A., Potosyan, A., & Davidyants, A. (2009). *National Drug Report 2008 (data of 2007)*. UNODC. http://un.am/up/library/National%20Drug%20Report_eng.pdf
[1854] Melkumyan, N. (2003, July 10). Armenia Goes Soft on Drugs. Institute for War & Peace Reporting. https://iwpr.net/global-voices/armenia-goes-soft-drugs
[1855] Tovmasyan, S. (2019). Drug Addiction. The Volume of Drugs Detected on RA Border. *Ampop.am*. https://ampop.am/en/drug-trafficking-in-armenia/
[1856] Civil Society Institute Armenia. (2018). *Electronic Monitoring: Alternative to Imprisonment*. http://www.csi.am/en/point-of-view/2016/06/15/monitoring
[1857] Civil Society Institute Armenia. (2018). *Electronic Monitoring: Alternative to Imprisonment*. http://www.csi.am/en/point-of-view/2016/06/15/monitoring
[1858] Republic of Armenia. (n.d.). *The Responses Provided by the Government of the Republic of Armenia to the Questionnaire of the Chair Rapporteur of the UN Working Group on the Arbitrary Detention.* OHCHR. https://www.ohchr.org/Documents/Issues/Detention/Call/Country/Armenia.pdf
[1859] Civil Society Institute Armenia. (2018). *Electronic Monitoring: Alternative to Imprisonment*. http://www.csi.am/en/point-of-view/2016/06/15/monitoring
[1860] UNDEF. (2014). *Law students compete to support alternatives to prison in Armenia, Azerbaijan and Georgia Democracy Fund.* https://www.un.org/democracyfund/news/law-students-compete-support-alternatives-prison-armenia-azerbaijan-and-georgia
[1861] UNODC. (2007). *Legal and policy concerns related to IDU Harm Reduction in SAARC Countries.* https://www.unodc.org/documents/southasia/reports/Legal_and_Policy_Concerns_related_to_IDU_Harm_Reduction_in_SAARC_countries_-_A_Review.pdf
[1862] Department of Narcotics Control. (2018). *Annual Drug Report Bangladesh, 2018.* http://www.dnc.gov.bd/sites/default/files/files/dnc.portal.gov.bd/annual_reports/d5c18a1b_a5cd_402f_839b_351d5fd39003/Drug%20Annual%20Report%202018.pdf
[1863] UNODC. (2011). *Misuse of prescription drugs: a South Asia perspective.* https://www.unodc.org/documents/southasia/reports/Misuse_of_Prescription_Drugs_-_A_South_Asia_Perspective_UNODC_2011.pdf
[1864] Tasneem, S. (2020, November 24). *Recovering addicts are not criminals.* The Daily Star. https://www.thedailystar.net/opinion/news/recovering-addicts-are-not-criminals-1999885
[1865] Department of Narcotics Control. (2018). *Annual Drug Report Bangladesh, 2018.* http://www.dnc.gov.bd/sites/default/files/files/dnc.portal.gov.bd/annual_reports/d5c18a1b_a5cd_402f_839b_351d5fd39003/Drug%20Annual%20Report%202018.pdf
[1866] UNODC. (2021, February 27). Viet Nam shares best practices on methadone maintenance therapy with Bangladesh. https://www.unodc.org/southeastasiaandpacific/en/vietnam/2016/05/mmt-bangladesh/story.html

[1867] ISSUP. (2021, February 27). Training Organized for Drug Addiction Treatment Professionals. https://www.issup.net/events/search?f%5B0%5D=events_country%3ABD&f%5B1%5D=events_themes%3A67&node=12558
[1868] UNODC. (2007). *Legal and policy concerns related to IDU Harm Reduction in SAARC Countries.* https://www.unodc.org/documents/southasia/reports/Legal_and_Policy_Concerns_related_to_IDU_Harm_Reduction_in_SAARC_countries_-_A_Review.pdf
[1869] Tasneem, S. (2020, November 24). Recovering addicts are not criminals. *The Daily Star.* https://www.thedailystar.net/opinion/news/recovering-addicts-are-not-criminals-1999885
[1870] Bangladesh Legal Aid and Services. (2013). *Development and Use of the Probation System in Bangladesh.* Penal Reform International. https://cdn.penalreform.org/wp-content/uploads/2014/04/PRI-BLAST-Probation-Report-13Mar2014-FINAL.pdf
[1871] Bhutan Narcotics Control Authority. (n.d.). *Narcotic Drugs, Psychotropic Substances and Substance Abuse (Amendment) Act of Bhutan 2018.* https://bnca.gov.bt/wp-content/uploads/2019/04/Substance-Abuse-Bill-B5.pdf
[1872] Bhutan Narcotics Control Authority. (n.d.). *Narcotic Drugs, Psychotropic Substances and Substance Abuse (Amendment) Act of Bhutan 2018.* https://bnca.gov.bt/wp-content/uploads/2019/04/Substance-Abuse-Bill-B5.pdf
[1873] Royal Court of Justice Bhutan. (2020). *Acts & Rules.* http://www.judiciary.gov.bt/index.php/Welcome/get_pages?id=4
[1874] UNODC. (n.d.). *Bhutan.* https://www.unodc.org/pdf/india/publications/south_Asia_Regional_Profile_Sept_2005/09_bhutan.pdf
[1875] Bhutan Narcotics Control Authority. (2020). *Demand Reduction Division*. www.bnca.gov.bt: https://bnca.gov.bt/divisions/demand-reduction-division/
[1876] ICUDDR. (2020). *ICUDDR Membership.* www.icuddr.com: https://www.icuddr.com/membership/members.aspx
[1877] ISSUP. (n.d.). *Alcohol and substance use disorders and the current scenario in Bhutan.* https://www.issup.net/files/2019-10/Drug%20and%20alcohol%20situation%20bhutan.pdf
[1878] Bhutan Narcotics Control Authority. (2020). *Demand Reduction Division*. www.bnca.gov.bt: https://bnca.gov.bt/divisions/demand-reduction-division/
[1879] Bhutan Youth Development Fund. (n.d.). *Institute of Wellbeing.* http://www.bhutanyouth.org/institute-of-wellbeing/
[1880] OHCHR. (2019, January 24). *Working Group on Arbitrary Detention: Preliminary Findings from its visit to Bhutan.* https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=24108&LangID=E
[1881] Yonten, K. (2017, August 12). A TAP for drug offenders. *The Bhutanese.* https://thebhutanese.bt/a-tap-for-drug-offenders/
[1882] OHCHR. (2019, January 24). *Working Group on Arbitrary Detention: Preliminary Findings from its visit to Bhutan.* https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=24108&LangID=E
[1883] BBC News. (2014, April 30). Brunei introduces tough Islamic Penal Code. https://www.bbc.com/news/world-asia-27216798
[1884] Head, J. (2019). Inside the silent nation of Brunei. *BBC News.* https://www.bbc.com/news/world-asia-48211193
[1885] Narcotics Control Bureau. (2015). *Drug Laws*. http://www.narcotics.gov.bn/SitePages/Drug%20Laws.aspx
[1886] AIPA. (2019). *Brunei Country Report*. https://www.parliament.go.th/ewtadmin/ewt/aipa2019/download/article/AIPACODD/Annex%20I%20-%20Country%20Report%20of%20Brunei%20Dalussalam.pdf
[1887] Narcotics Control Bureau. (2013). *Laws of Brunei- Chapter 27 Misuse of Drugs*. Retrieved from http://www.narcotics.gov.bn/Shared%20Documents/Acts/Misuse%20of%20Drugs%20Act%20CAP%2027.pdf
[1888] Narcotics Control Bureau. (2015). *Death Penalty*. http://www.narcotics.gov.bn/SitePages/Drug%20Laws.aspx
[1889] Head, J. (2019). *Inside the silent nation of Brunei*. BBC News. https://www.bbc.com/news/world-asia-48211193
[1890] Kanato, M., Leyatikul, P., Choomwattana, C., & Thepwongsa, I. (2015). *Brunei Country Report*. ASEAN. https://asean.org/storage/2017/08/Doc-4-ADM-Report-2015.pdf
[1891] Narcotics Control Bureau. (2015). *Research*. http://www.narcotics.gov.bn/SitePages/Research.aspx
[1892] Kanato, M., Leyatikul, P., Choomwattana, C., & Thepwongsa, I. (2015). *Brunei Country Report*. ASEAN. https://asean.org/storage/2017/08/Doc-4-ADM-Report-2015.pdf
[1893] Attorney General's Chambers. (2013) *Laws of Brunei: Chapter 220: Probation*. http://www.agc.gov.bn/AGC%20Images/LAWS/ACT_PDF/cap220.pdf
[1894] DARA Thailand. (n.d.). *Drug and Alcohol Rehab for Brunei*. https://dararehab.com/drug-alcohol-rehab/brunei/

[1895] Mundia, L., Matzin, R., Mahalle, S., Hamid, M. H. S., & Osman, R. S. (2016). Recidivism in Brunei inmates - Estimating the rates and predicting reoffending. *International Journal of Emergency Mental Health and Human Resilience, 18*(3), 742-749.
[1896] Tuot, S., Ngin, C., Pal, K., Sou, S., Sawez, G., Morgan, P., Srey, M., Chan, T., Chhoun, P., Golichenko, O., Choub, S. C., & Yi, S. (2017). How understanding and application of drug-related legal instruments affects harm reduction interventions in Cambodia: a qualitative study. *Harm Reduction Journal*, *14*(1), 39. https://doi.org/10.1186/s12954-017-0167-9
[1897] Council for the Development of Cambodia. (2021, March 19). *Law on Drug Management (Drug Control).* http://www.cambodiainvestment.gov.kh/law-on-drug-management-drug-control_961209.html
[1898] Council for the Development of Cambodia. (2021, March 19). *Law on Drug Management (Drug Control).* http://www.cambodiainvestment.gov.kh/law-on-drug-management-drug-control_961209.html
[1899] International Drug Policy Consortium. (2014). *IDPC Briefing Paper: Drug policy issues in Cambodia.* https://idpc.net/publications/2014/11/idpc-briefing-paper-drug-policy-issues-in-cambodia
[1900] Ministry of Planning. (2020, June 19). *National Strategic Development Plan 2019-2023.* https://data.opendevelopmentcambodia.net/dataset/national-strategic-development-plan-nsdp-2019-2023/resource/bb62a621-8616-4728-842f-33ce7e199ef3
[1901] Drug Addict Relief Association of Cambodia. (2009). *DARAC Activities.* http://www.daraccambodia.org/darac_activities.php
[1902] UNODC. (n.d.). *Cambodia.* https://www.unodc.org/docs/treatment/CoPro/Web_Cambodia.pdf
[1903] ISSUP. (n.d.). *UNODC Training on the Nature, Prevention and Treatment of Drug Use Disorders with more than 60 Cambodian policymakers.* https://www.issup.net/knowledge-share/news/2019-06/unodc-training-nature-prevention-and-treatment-drug-use-disorders-more
[1904] UNODC. (2017). *Establishing community based drug treatment in Cambodia.* https://www.unodc.org/southeastasiaandpacific/en/cambodia/2017/03/community-based-drug-treatment/story.html
[1905] Council for the Development of Cambodia. (2021, March 19). *Law on Drug Management (Drug Control).* http://www.cambodiainvestment.gov.kh/law-on-drug-management-drug-control_961209.html
[1906] International Drug Policy Consortium. (2014). *IDPC Briefing Paper: Drug policy issues in Cambodia.* https://idpc.net/publications/2014/11/idpc-briefing-paper-drug-policy-issues-in-cambodia
[1907] Tuot, S., Ngin, C., Pal, K., Sou, S., Sawez, G., Morgan, P., Srey, M., Chan, T., Chhoun, P., Golichenko, O., Choub, S. C., & Yi, S. (2017). How understanding and application of drug-related legal instruments affects harm reduction interventions in Cambodia: a qualitative study. *Harm Reduction Journal, 14(*1), 39. https://doi.org/10.1186/s12954-017-0167-9
[1908] Amnesty International . (2020). *Substance abuses: The human cost of Cambodia's anti-drug campaign.* https://www.amnesty.org/en/documents/asa23/2220/2020/en/
[1909] Meng, J., & Burris, S. (2013). *Chinese Drug Laws: Police-controlled approach to drug abuse*. National Institute on Drug Abuse. https://www.drugabuse.gov/international/abstracts/chinese-drug-laws-police-controlled-approach-to-drug-abuse
[1910] Lu, L., Fang, Y. & Wang, X. (2008). Drug abuse in China: Past, present, and future. *Cellular and Molecular Neurobiology, 28,* 479-490.
[1911] ISSUP. (n.d.) *China*. https://www.issup.net/knowledge-share/country-profiles/china
[1912] European Commission. (2021, January 22). *EU and China hold the first dialogue on drugs and drugs control policies*. https://ec.europa.eu/home-affairs/news/eu-and-china-hold-first-dialogue-drugs-and-drugs-control-policies_en
[1913] ISSUP. (n.d.) *China*. https://www.issup.net/knowledge-share/country-profiles/china
[1914] Riordan, K. (2017). *The Connection Between Drug Use and Crime in Western Australia* [Doctoral thesis, Edith Cowan University]. https://ro.ecu.edu.au/cgi/viewcontent.cgi?referer=https://www.google.com/&httpsredir=1&article=2975&context=theses
[1915] WHO. (2010). *Atlas of Substance Use Disorders: Country profile: China*. https://www.who.int/substance_abuse/publications/atlas_report/profiles/china.pdf?ua=1
[1916] ISSUP. (n.d.) *China*. Rhttps://www.issup.net/knowledge-share/country-profiles/china

[1917] Meng, J., & Burris, S. (2013). *Chinese Drug Laws: Police-controlled approach to drug abuse*. National Institute on Drug Abuse. https://www.drugabuse.gov/international/abstracts/chinese-drug-laws-police-controlled-approach-to-drug-abuse
[1918] Tandon, T. (2015). *Drug policy in India.* International Drug Policy Consortium. https://idhdp.com/media/400258/idpc-briefing-paper_drug-policy-in-india.pdf
[1919] Department of Revenue. (n.d.). *Special provision for addicts*. https://dor.gov.in/narcoticdrugspsychotropic/special-provision-addicts
[1920] UNODC. (n.d.). *India*. https://www.unodc.org/pdf/india/publications/south_Asia_Regional_Profile_Sept_2005/10_india.pdf
[1921] Raghavan, R.K. (2018, October 23). Ripe for prison reform. *The Hindu*. https://www.thehindu.com/opinion/op-ed/ripe-for-prison-reform/article25290500.ece
[1922] Ministry of Health and Family Welfare. (2021, March 7). *Drug De-Addiction Programme (DDAP).* https://main.mohfw.gov.in/sites/default/files/drugs%20deaddiction%20programme.pdf
[1923] Ministry of Health and Family Welfare. (2021, March 7). *Drug De-Addiction Programme (DDAP).* https://main.mohfw.gov.in/sites/default/files/drugs%20deaddiction%20programme.pdf
[1924] Dhawan, A., Rao, R., Ambekar, A., Pusp, A., & Ray, R. (2017). Treatment of substance use disorders through the government health facilities: Developments in the "Drug De-addiction Programme" of Ministry of Health and Family Welfare, Government of India. *Indian Journal of Psychiatry*, *59*(3), 380-384.
[1925] Ministry of Health and Family Welfare. (2021, March 7). *Drug De-Addiction Programme (DDAP).* https://main.mohfw.gov.in/sites/default/files/drugs%20deaddiction%20programme.pdf
[1926] The Times of India. (2020, March 18). Coronavirus outbreak: Punjab mulling release of 5,800 jail inmates. *The Times of India.* https://timesofindia.indiatimes.com/india/coronavirus-outbreak-punjab-mulling-release-of-5800-jail-inmates/articleshow/74694711.cms
[1927] Tandon, T. (2015). *Drug policy in India.* International Drug Policy Consortium. https://idhdp.com/media/400258/idpc-briefing-paper_drug-policy-in-india.pdf
[1928] The Times of India. (2018, August 27). Drug addicts in Punjab are neing sent to jail and mot to De-Addiction Centres. *The Times of India.* https://www.indiatimes.com/news/india/drug-addicts-in-punjab-being-sent-to-jail-and-not-rehab-study-finds-351891.html
[1929] Putra, E. (2015). Drug addicts must undergo rehabilitation. *Republika*. https://www.republika.co.id/berita/nasional/hukum/15/05/23/norwnd-bnn-pecandu-narkoba-wajib-jalani-rehabilitasi
[1930] Wicaksana, D. A. (2018). Why Indonesia should stop sending drug users to prison. *The Conversation.* https://theconversation.com/why-indonesia-should-stop-sending-drug-users-to-prison-101137
[1931] Wicaksana, D. A. (2018). Why Indonesia should stop sending drug users to prison. *The Conversation.* https://theconversation.com/why-indonesia-should-stop-sending-drug-users-to-prison-101137
[1932] Ambarwati, L. (2020). Imprisonment does more harm than good for drug users. *The Jakarta Post.* https://www.thejakartapost.com/academia/2020/02/18/imprisonment-does-more-harm-than-good-for-drug-users.html
[1933] ISSUP. (n.d.). *ISSUP Indonesia*. https://www.issup.net/national-chapters/issup-indonesia
[1934] Safika, I. (2017). *Promoting alternatives to incarceration for convicted drug users, including rehabilitation and probation*. UNODC. https://www.unodc.org/documents/evaluation/Independent_Project_Evaluations/2017/INDA06_Final_Independent_Project_Evaluation_final_report_October_2017.pdf
[1935] Narcotics Control Department. (2021, March 14). *Drug Crime Investigation*. https://www.ncd.mhlw.go.jp/sousa.html
[1936] United Nations Asia and Far East Institute. (2019). *Criminal Justice in Japan 2019*. https://www.unafei.or.jp/english/publications/CJSJ_2019.html
[1937] Ministry of Health, Labor and Welfare. (2021). *Fifth Five Year Drug Abuse Prevention Strategy*. https://www.mhlw.go.jp/site_kensaku_english.html?q=fifth%20five%20year%20drug%20abuse%20prevention%20strategy
[1938] Koto, G., Tarui, M., Kamioka, H., & Hayahsi, K. (2020). *Drug use, regulations and policy in Japan.* International Drug Policy Consortium. http://fileserver.idpc.net/library/Drug_use_regulations_policy_Japan.pdf
[1939] Koto, G., Tarui, M., Kamioka, H., & Hayahsi, K. (2020). *Drug use, regulations and policy in Japan.* International Drug Policy Consortium. http://fileserver.idpc.net/library/Drug_use_regulations_policy_Japan.pdf
[1940] van der List, B., & Daly, M. (2020, May 8). How stigma created Japan's hidden drug problem. *Vice.* https://www.vice.com/en/article/xg8q7k/how-stigma-created-japans-hidden-drug-problem

[1941] Asia-Pacific Addiction Research Institute. (2021, March 15). *APARI supports recovery from addiction.* https://apari.or.jp/wp-content/themes/apari_theme/pdf/E_apari_pamfu0704.pdf
[1942] Koto, G., Tarui, M., Kamioka, H., & Hayahsi, K. (2020). *Drug use, regulations and policy in Japan.* International Drug Policy Consortium. http://fileserver.idpc.net/library/Drug_use_regulations_policy_Japan.pdf
[1943] Ministry of Justice. (2018). *Ministry of Justice Japan.* http://www.moj.go.jp/content/001254973.pdf
[1944] Hari, J. (2018, May 11). Japan: The place with the strangest drug debate in the world. *Open Democracy.* https://www.opendemocracy.net/en/japan-place-with-strangest-drug-debate-in-world/
[1945] Yatsugi, S., Fujita, K., Kashima, S., & Eboshida, A. (2016). Drug dependence treatment awareness among Japanese female stimulant drug offenders. *International Journal of Environmental Research and Public Health, 13*(11), 1127.
[1946] Koto, G., Tarui, M., Kamioka, H., & Hayahsi, K. (2020). *Drug use, regulations and policy in Japan.* International Drug Policy Consortium. http://fileserver.idpc.net/library/Drug_use_regulations_policy_Japan.pdf
[1947] EMCDDA. (2014). *Kyrgyzstan Country Overview*. https://www.emcdda.europa.eu/publications/country-overviews/kg_en
[1948] The Kyrgyz Republic. (1997). *Criminal Code*. https://www.wipo.int/edocs/lexdocs/laws/en/kg/kg013en.pdf
[1949] EHRA. (n.d.). *Kyrgyzstan*. https://harmreductioneurasia.org/countries/kyrgyzstan/
[1950] IRI & USAID. (2010). *Kyrgyzstan National Opinion Poll*. International Republican Institute. https://www.iri.org/sites/default/files/2011%20January%2024%20Survey%20of%20Kyrgyzstan%20Public%20Opinion,%20May%2011-25,%202010.pdf
[1951] OSCE. (2014). *OSCE supports rehabilitation of drug and alcohol addicted prisoners in Kyrgyzstan*. https://www.osce.org/bishkek/118802
[1952] Kramer, A. (2015, October 21). Addicts in Kyrgyzstan fight to break heroin's grip, armed with stones. *The New York Times.* https://www.nytimes.com/2015/10/21/world/europe/kyrgyzstan-heroin-addication-stones.html
[1953] Baldwin, S. (2013). *Drug policy advocacy in Asia: Challenges, opportunities and prospects.* IDPC. http://fileserver.idpc.net/library/IDPC-report-drug-policy-in-South-East-Asia.pdf
[1954] Johnson, C. (2016, March 23). *Laos: New National Plan on Narcotics Control.* Law Library of Congress. https://www.loc.gov/law/foreign-news/article/laos-new-national-plan-on-narcotics-control/
[1955] UNODC. (2009). *The Government of the Lao PDR: National drug control master plan 2009-2013.* https://www.unodc.org/documents/laopdr/COLAO/NDCMP_Eng.pdf
[1956] Vientiane Times. (2019, July 15). Anti-drug trafficking efforts highlighted on control group's bridge visit. *Vientiane Times*. https://www.vientianetimes.org.la/freeContent/FreeConten_Anti_drug_161.php
[1957] ASEAN Inter-Parliamentary Assembly. (2019). *2nd AIPA Advisory Council on Dangerous Drugs.* https://www.parliament.go.th/ewtadmin/ewt/aipa2019/more_news.php?cid=7&filename=aipa2019___en
[1958] U.S. Department of State, Bureau of Imternational Narcotics and Law Enforcement Affairs. (2020). *2020 International Narcotics Control Strategy Report: Drug and Chemical Control.* US Department of State. https://www.state.gov/2020-international-narcotics-control-strategy-report/
[1959] Harm Reduction International. (2019). *Joint Submission to the Working Group for the Universal Periodic Review – Third cycle 35th Session – January/February 2020.* https://www.hri.global/contents/1949
[1960] Baldwin, S. (2013). *Drug policy advocacy in Asia: Challenges, opportunities and prospects.* IDCP. http://fileserver.idpc.net/library/IDPC-report-drug-policy-in-South-East-Asia.pdf
[1961] National Anti-Drugs Agency. (2021). *Drugs-Related Act.* https://www.adk.gov.my/en/policies-acts-circulars/drug-related-act/
[1962] Ministry of Home Affairs. (2017). *National Drug Policy.* National Anti-Drugs Agency. https://www.adk.gov.my/wp-content/uploads/Buku-Dasar-Dadah-Negara-EN.pdf
[1963] Ministry of Home Affairs. (2017). *National Drug Policy.* National Anti-Drugs Agency. https://www.adk.gov.my/wp-content/uploads/Buku-Dasar-Dadah-Negara-EN.pdf
[1964] ICUDDR. (n.d.). *ICUDDR Members*. https://www.icuddr.com/membership/members.aspx

[1965] University of Cyberjaya. (n.d.). *Postgraduate Diploma in Addiction Science.* https://cyberjaya.edu.my/pgd-addiction-science/
[1966] National Anti-Drugs Agency. (2021). *Drugs-related Act.* https://www.adk.gov.my/en/policies-acts-circulars/drug-related-act/
[1967] ICUDDR. (n.d.). *ICUDDR Members*. https://www.icuddr.com/membership/members.aspx
[1968] Malaysian Prison Department. (2021, January 6). *Law & Act.* http://www.prison.gov.my/en/our-profile/department-profile/law-act
[1969] Amri Bin Abd Mutalib, S. (2021, March 18). *Treatment of Illicit Drug Users in Malaysia: Focus on Parole.* United Nations Asia and Far East Institute. https://www.unafei.or.jp/publications/pdf/RS_No107/No107_10_IP_Malaysia_2.pdf
[1970] Cheah, P. K., Unnithan, N. P., & Raran, A. M. (2020). Rehabilitation programs for incarcerated drug offenders in Malaysia: Experience-based perspectives on reintegration and recidivism. *The Prison Journal*, *100*(2), 201-223. doi:10.1177/0032885519894656
[1971] UNODC. (2005). *Maldives.* https://www.unodc.org/pdf/india/publications/south_Asia_Regional_Profile_Sept_2005/11_maldives.pdf
[1972] National Drug Agency. (2021, March 15). *www.nda.gov.mv.* https://english.nda.gov.mv/laws-regulations/
[1973] UNODC. (2005). *Maldives.* https://www.unodc.org/pdf/india/publications/south_Asia_Regional_Profile_Sept_2005/11_maldives.pdf
[1974] National Drug Agency. (n.d.). *Laws & Regulations.* https://english.nda.gov.mv/laws-regulations/
[1975] Adyb, A. (2021). Personal Communication.
[1976] UNODC. (2005). *Maldives.* https://www.unodc.org/pdf/india/publications/south_Asia_Regional_Profile_Sept_2005/11_maldives.pdf
[1977] Adyb, A. (2018, October 15). *Maldives under the Burden of Drugs.* ISSUP. https://www.issup.net/knowledge-share/publications/2018-10/maldives-under-burden-drugs-originally-published-19th-may-2014
[1978] Adyb, A. (2021). Personal Communication.
[1979] *Drug Court.* (n.d.). http://www.drugcourt.gov.mv/index.php?option=com_content&view=article&id=178&Itemid=680&lang=english
[1980] National Drug Agency. (n.d.). *Laws & Regulations.* https://english.nda.gov.mv/laws-regulations/
[1981] Adyb, A. (2021). Personal Communication.
[1982] Adyb, A. (2021). Personal Communication.
[1983] *Criminal Code of Mongolia*. (n.d.). https://www.legislationline.org/download/id/4179/file/Mongolia_CC_2002_en.pdf
[1984] Bolormaa, D. (1995). Mongolia's National Drug Policy. *World Health, 48(*2), 28.
[1985] Amarsaikhan, B. (2017). Program on combating drug abuse adopted. Montsame. https://montsame.mn/en/read/129024
[1986] Addiction Training and Counseling Center. (2013). *Current situation on addiction, treatment, training, and recovery efforts in Mongolia.* https://atccmongolia.wordpress.com/about/current-situation-on-addiction-in-mongolia/
[1987] Xinhua. (2019, April 12). Mongolia opens center for prevention of drug-related crimes. http://www.xinhuanet.com/english/2019-04/12/c_137971916.htm
[1988] Xinhua. (2019, April 12). Mongolia opens center for prevention of drug-related crimes. http://www.xinhuanet.com/english/2019-04/12/c_137971916.htm
[1989] *Criminal Code of Mongolia*. (n.d.). https://www.legislationline.org/download/id/4179/file/Mongolia_CC_2002_en.pdf
[1990] New Mexico Second Judicial District Court. (n.d.). *Mongolian judges learn about the U.S. legal system in visit to Second Judicial District Court***.** https://seconddistrictcourt.nmcourts.gov/wp-content/uploads/sites/17/2020/12/mongolian_judges.pdf
[1991] U.S. Department of State Overseas Security Advisory Council. (2020). *Mongolia 2020 Crime and Safety Report*. https://www.osac.gov/Content/Report/930cac54-dd6a-4174-bd06-1838c16c2880
[1992] UNODC. (2014). *Executive summary of the report on recommendations for the amendments of the Myanmar 1993 Narcotic Drugs and Psychotropic Substances Law of Myanmar.* https://www.unodc.org/documents/southeastasiaandpacific/2015/03/drug-law/Executive_Summary_to_the_Drug_Law_Document_16th_December.pdf

[1993] Jelsma, M., Jensema, E., Kham, N. P., Kramer, T., Lai, G., & Tandon, T. (2015). *Toward a healthier legal environment.* Transnational Institute. https://www.tni.org/es/node/1772
[1994] ASEAN Inter-Parliamentary Assembly. (2019). *Myanmar Country Report*. National Assembly of Thailand. https://www.parliament.go.th/ewtadmin/ewt/aipa2019/download/article/AIPACODD/Annex%20N%20-%20Country%20Report%20of%20Myanmar.pdf

[1995] Central Committee for Drug Abuse Control. (2018). *National Drug Control Policy*. https://www.unodc.org/documents/southeastasiaandpacific/2018/02/Myanmar_Drug_Control_Policy.pdf
[1996] Central Committee for Drug Abuse Control. (2018). *National Drug Control Policy*. https://www.unodc.org/documents/southeastasiaandpacific/2018/02/Myanmar_Drug_Control_Policy.pdf
[1997] Jelsma, M., Jensema, E., Kham, N. P., Kramer, T., Lai, G., & Tandon, T. (2015). *Toward a healthier legal environment.* Transnational Institute. https://www.tni.org/es/node/1772
[1998]ASEAN Inter-Parliamentary Assembly. (2019). *Myanmar Country Report*. National Assembly of Thailand. https://www.parliament.go.th/ewtadmin/ewt/aipa2019/download/article/AIPACODD/Annex%20N%20-%20Country%20Report%20of%20Myanmar.pdf
[1999] Otter, S. (2017). *Urban Safety Project: Countering Narcotics in Myanmar Background Paper.* The Asia Foundation. https://asiafoundation.org/wp-content/uploads/2018/07/Urban-Safety-Brief-Series-No-4_Countering-Narcotics-in-Myanmar-EN.pdf
[2000] SARA. (n.d.). *About SARA.* http://www.saracentralmm.org/content/page/1/about-us
[2001] SARA. (n.d.). *About SARA.* http://www.saracentralmm.org/content/page/1/about-us
[2002] UNODC. (2019). *Volunteers from local community receive training for community-based care on drugs use*. https://www.unodc.org/southeastasiaandpacific/en/myanmar/2019/04/volunteers-drugs-use/story.html
[2003] Central Committee for Drug Abuse Control. (2018). *National Drug Control Policy*. https://www.unodc.org/documents/southeastasiaandpacific/2018/02/Myanmar_Drug_Control_Policy.pdf
[2004] Ye Lynn, K., & Hammond, C. (2020, May 7). *'They're fearless': The women battling to free Myanmar from meth*. *The Guardian*. https://www.theguardian.com/global-development/2020/may/07/theyre-fearless-the-women-battling-to-free-myanmar-from-meth
[2005] Bouchon, M., & Quetier, M. (2018). *Perceptions about drug use and harm reduction in Kachin, Myanmar: A socio-anthropological, participation approach.* Issuu. https://issuu.com/medecinsdumonde/docs/mdm_report_du_myanmar_web
[2006] Central Committee for Drug Abuse Control. (2018). *National Drug Control Policy*. https://www.unodc.org/documents/southeastasiaandpacific/2018/02/Myanmar_Drug_Control_Policy.pdf
[2007] Department of Drug Administration. (2018). *Narcotic Drugs Control Act 2003.* https://www.dda.gov.np/content/narcotic-drugs-control-act-2033
[2008] Department of Drug Administration. (2018). *Narcotic Drugs Control Act 2003.* https://www.dda.gov.np/content/narcotic-drugs-control-act-2033
[2009] UNODC. (2006). *Nepal-United Nations Regional Task Force on Injecting Drug Use and HIV/AIDS in Asia and the Pacific baseline assessment.* https://www.unodc.org/documents/southeastasiaandpacific/topics/hiv-aids/Nepal_Matrix_Final.pdf
[2010] Maya Nepal. (n.d.). *Maya Nepal*. http://mayanepal.org.np/maya-neapl-drc
[2011] Anatta Recovery. (n.d.). https://www.anattarecovery.com/drug-addiction/
[2012] Nepal Police. (n.d.). *Aasara Drug Rehabilitation Center*. https://www.nepalpolice.gov.np/index.php/public-services/public-facility/61-aasara-sudhar-kendra?showall=&start=1
[2013] Department of Drug Administration. (2018). *Narcotic Drugs Control Act 2003.* https://www.dda.gov.np/content/narcotic-drugs-control-act-2033
[2014] Khadka, R. (2019, September 30). Drug addiction: It is a health concern. *The Himalayan.* https://thehimalayantimes.com/opinion/drug-addiction-it-is-a-health-concern
[2015] UNODC. (n.d.). *Democratic People's Republic of Korea. Law on Narcotic Drug Control, adopted by Decree No. 3935 of the Presidium of the Supreme People's Assembly on 13 August 2003.* Sherloc Database of Legislation. https://sherloc.unodc.org/cld/legislation/prk/law_on_narcotic_drug_control_adopted_by_decree_no._3935_of_the_presidium_of_the_supreme_peoples_assembly_on_13_august_2003/articles_66_67/law_on_narcotic_drugs_control.html?lng=en

[2016] Shim, T.I. (2019, October 16). Ask a North Korean: How has drug culture evolved in North Korea? *NK News.* https://www.nknews.org/2019/10/ask-a-north-korean-how-has-drug-culture-evolved-in-north-korea/

[2017] Lee, H., Robinson, C., Kim, J., McKee, M., & Cha, J. (2020). Health and healthcare in North Korea: A retrospective study among defectors. *Conflict and Health, 14*(1), 41. https://doi.org/10.1186/s13031-020-00284-y
[2018] Ives, M. (2019, February 12). Crystal Meth Is North Korea's Trendiest Lunar New Year's Gift. *New York Times*, p. A5.
[2019] Ives, M. (2019, February 12). Crystal Meth Is North Korea's Trendiest Lunar New Year's Gift. *New York Times*, p. A5.
[2020] Cain, G. (n.d.). North Korea's new drug addiction. The World. https://www.pri.org/stories/north-korea-s-new-drug-addiction
[2021] Lankov, A., & Kim, S.-h. (2013). A new face of North Korean drug use: Upsurge in methamphetamine abuse across the Northern areas of North Korea. *North Korean Review, 9*(1), 45-60. http://dx.doi.org/10.3172/NKR.9.1.45
[2022] Anti Narcotics Force. (n.d.). *Laws/Rules Applicable to ANF.* http://anf.gov.pk/law_rules.php
[2023] Ministry of Narcotics Control. (2019). *The National Anti-Narcotics Policy-2019.* https://www.narcon.gov.pk/Detail/YTY4NWQzODMtYzk1OC00YzJhLWI4NjctN2FjMzc3ZWFiMjUz
[2024] ICUDDR. (n.d.). *ICUDDR Members*. https://www.icuddr.com/membership/members.aspx
[2025] Asghar, S. (2021, March 6). *Family Care Therapeutic Session*. ISSUP. https://www.issup.net/national-chapters/issup-pakistan/news/2021-03/family-care-therapeutic-session-issup-pakistan-m-jinnah-foundation
[2026]Anti Narcotics Force. (n.d.). *ANF Hospitals- Model Addicts Treatment & Rehabilitation Centers (MATRCs)*. http://anf.gov.pk/ddr_matrc.php
[2027] Naveed, F. (n.d.). *Drug Free Pakistan Foundation.* ISSUP. https://www.issup.net/training/education-providers/drug-free-pakistan-foundation-dfpf
[2028] The Express Tribune. (2020, July 12). K-P to set up Special Drug Courts. https://tribune.com.pk/story/2254500/k-p-to-set-up-special-drug-courts
[2029] WHO. (2010). *ATLAS of Substance Use Disorders: Pakistan.* https://www.who.int/substance_abuse/publications/atlas_report/profiles/pakistan.pdf?ua=1
[2030] Penal Reform International. (2012). *The probation and parole system in Pakistan: Assessment and recommendations for reform.* https://www.penalreform.org/resource/probation-parole-system-pakistan-assessment-recommendations-reform/
[2031] UNODC. (2021, March 10). *Enhancing alternatives to incarceration and provision of legal aid through mentoring a cohort of police, prosecutions and prison officials in Sindh.* https://www.unodc.org/pakistan/en/stories/enhancing-alternatives-to-incarceration-and-provision-of-legal-aid-through-mentoring-a-cohort-of-police--prosecution-and-prison-officials-in-sindh.html
[2032] LawPhil. (2021). *Comprehensive Dangerous Drugs Act of 2002*. https://www.lawphil.net/statutes/repacts/ra2002/ra_9165_2002.html
[2033] Dangerous Drugs Board. (2018). *Strategies*. https://www.ddb.gov.ph/about-ddb/strategies
[2034] United Nations Human Rights Council (2020). *Situation of human rights in the Philippines*. https://www.ohchr.org/Documents/Countries/PH/Philippines-HRC44-AEV.pdf
[2035] BBC News. (2020, June 4). Philippines Drug War: UN report criticizes 'permission to kill'. https://www.bbc.com/news/world-asia-52917560
[2036] Asia Pacific Foundation of Canada. (2020). *Philippine public opinion turns on Duterte's drug war*. https://www.asiapacific.ca/asia-watch/philippine-public-opinion-turns-dutertes-drug-war
[2037] Dangerous Drugs Board. (2021). *DOH Accredited Treatment and Rehabilitation Centers*. https://www.ddb.gov.ph/about-ddb/strategies/46-sidebar/65-doh-accredited-rehabilitation-centers#ncr
[2038] STA Law Firm. (2019). *Singapore: Laws and Regulations on Illegal Drugs*. https://www.stalawfirm.com/en/blogs/view/drug-laws-in-singapore.html
[2039] Singapore Government. (n.d.). *Understanding Legal Processes: Sentencing in Singapore*. Attorney General's Chambers. https://www.agc.gov.sg/docs/default-source/legal-processes/sentencing-in-singapore.pdf
[20402040] Attorney General's Chambers. (2021). *Misuse of Drugs Act*. https://sso.agc.gov.sg/Act/MDA1973#pr35-
[2041] *Why the next government needs to address drug related incarceration in Singapore*. (2020). RICE. https://www.ricemedia.co/current-affairs-ge-2020-drugs-incarceration/
[2042] Mei, T. T. (2019, May 17). Strong public support for anti-drug policy but youth hold more liberal views towards Cannabis: Survey. *The Straits Times.* https://www.straitstimes.com/singapore/young-people-more-open-towards-cannabis-but-public-support-against-drugs-still-strong
[2043] *Why the next government needs to address drug related incarceration in Singapore*. (2020). RICE. https://www.ricemedia.co/current-affairs-ge-2020-drugs-incarceration/

[2044] The Dawn. (n.d.). *Search for a drug rehabilitation centre in Singapore? Try Thailand Instead*. https://thedawnrehab.com/blog/drug-rehabilitation-centre-singapore/
[2045] WHO. (2010). *Atlas of substance use disorders: Resources for the prevention and treatment of substance use disorders (SUD). Country profile: Singapore*. https://www.who.int/substance_abuse/publications/atlas_report/profiles/singapore.pdf
[2046] Central Narcotics Bureau. (2017). Singapore's drug situation in 2017. https://www.cnb.gov.sg/docs/default-source/drug-situation-report-documents/cnb-annual-stats-release-for-2017_12-jun.pdf
[2047] *Why the next government needs to address drug related incarceration in Singapore*. (2020). RICE. https://www.ricemedia.co/current-affairs-ge-2020-drugs-incarceration/
[2048] Korea Law Translation Center. (2016). Narcotics Control Act. https://elaw.klri.re.kr/eng_service/lawView.do?hseq=37716&lang=ENG
[2049] Korea Law Translation Center. (n.d.). Narcotics Control Act. https://elaw.klri.re.kr/eng_service/lawView.do?hseq=37716&lang=ENG
[2050] Kang, E. & Jo, S. (2014). *Assessment on drug use and its public awareness (III)*. Korean Institute of Criminology. https://www.kic.re.kr/international/publications/research/report/view?rpt_id=RPT21010100
[2051] Korea Herald. (2012. August 20). Is Korea's Drug Policy Working? *Korea Herald.* http://www.koreaherald.com/view.php?ud=20120820000611
[2052] WONDERFUL. (2021). Foreigner Guide on Finding Drug/Alcohol Rehab Treatment in South Korea. https://www.gowonderfully.com/post/foreigner-s-guide-on-finding-drug-alcohol-rehab-treatment-in-south-korea
[2053] Docland. (n.d.). Addiction treatment in South Korea. https://doclandmed.com/en/south-korea/psychiatry/addiction
[2054] WHO. (2010). Country Profile – Republic of Korea. https://www.who.int/substance_abuse/publications/atlas_report/profiles/republic_korea.pdf
[2055] Hapuarachchi, N. S. (n.d.). *Illicit Drugs and Treatment of Offenders in Sri Lanka.* UNAFEI. https://www.unafei.or.jp/publications/pdf/RS_No107/No107_15_IP_SriLanka.pdf
[2056] National Dangerous Drugs Control Board. (n.d.). *Policy & Regulations.* http://www.nddcb.gov.lk/policy-regulation-documents.php
[2057] National Dangerous Drugs Control Board. (n.d.). *About Organization.* http://www.nddcb.gov.lk/about-us.php
[2058] Range, I. (2016, June 24). Release of National Policy for prevention and control of drug abuse in Sri Lanka on June 26: Rise in cannabis and heroin usage in Lanka: NDDCB chief. *Daily News*. https://dailynews.lk/2016/06/24/local/85580
[2059] Aluthge, D. (2015). *Should We Punish Drug Abusers?: Reconsideration of Laws and National Polices of Sri Lanka.* Proceedings of 8th International Research Conference, KDU. http://ir.kdu.ac.lk/handle/345/1387
[2060] Department of Prisons. (2021). *Prison Reform: Five Year Plan 2021-2025.* http://prisons.gov.lk/web/wp-content/uploads/2020/10/Prison-reform-implemantation-plan-2021-2025.pdf
[2061] National Dangerous Drugs Control Board. (n.d.). *Policy & Regulations.* http://www.nddcb.gov.lk/policy-regulation-documents.php
[2062] National Dangerous Drugs Control Board. (n.d.). *Treatment & Rehabilitation Division.* http://www.nddcb.gov.lk/treatment-and-rehabilitation-division.php
[2063] International Consortium of Universities for Drug Demand Reduction. (n.d.). *ICUDDR Members*. https://www.icuddr.com/membership/members.aspx
[2064] UNODC. (2020, June 26). *Sri Lanka: Ground-Breaking of New Voluntary Drug Rehabilitation Centre*. https://www.unodc.org/southasia//frontpage/2020/May/ground-breaking-of-new-voluntary-drug-rehabilitation-centre-in-sri-lanka.html
[2065] Dasun, S. (2021, March 13). *Community based Prevention Programme: Sahakampana-Obesekarapura Report.* ISSUP. https://www.issup.net/knowledge-share/publications/2020-02/community-based-prevention-programme-sahakampana-obesekarapura
[2066] UNODC. (2011). *Sri Lanka: Enabling community-based treatment and support for recovering drug users*. https://www.unodc.org/southasia/frontpage/2011/january/sri-lanka_-enabling-community-based-treatment-and-support-for-recovering-drug-users.html
[2067] Department of Prisons. (2021). *Prison Reform: Five Year Plan 2021-2025.* http://prisons.gov.lk/web/wp-content/uploads/2020/10/Prison-reform-implemantation-plan-2021-2025.pdf
[2068] UNODC. (2020, September 26). *Sri Lanka: UNODC Workshop Promotes Non-Custodial Measures, Mandela Rules Among Prison Officials*. https://www.unodc.org/southasia/en/frontpage/2020/September/sri-lanka_-unodc-workshop-promotes-non-custodial-measures--mandela-rules-among-prison-officials.html

[2069] Mawatha, N. M. P. (2017). *Performance Report: Department of Community Based Correction.* The Parliament of Sri Lanka. https://www.parliament.lk/uploads/documents/paperspresented/performance-report-department-of-community-based-corrections-2017.pdf
[2070] UNODC. (2020, September 26). *Sri Lanka: UNODC Workshop Promotes Non-Custodial Measures, Mandela Rules Among Prison Officials*. https://www.unodc.org/southasia/en/frontpage/2020/September/sri-lanka_-unodc-workshop-promotes-non-custodial-measures--mandela-rules-among-prison-officials.html
[2071] Vidanapathirana, M., & Ruwanpura, R. P. (2018). Correction methods available for the convicts in Sri Lanka compared with American methods of correction. *Medico-Legal Journal of Sri Lanka*, 47-54.
[2072] Ministry of Justice. (2020). *Narcotics Hazard Prevention Act*. https://law.moj.gov.tw/ENG/LawClass/LawAll.aspx?pcode=C0000008
[2073] Executive Yuan. (2017). *Taiwan's new-generation strategy to combat drug abuse*. https://english.ey.gov.tw/News3/9E5540D592A5FECD/e5c66b8d-ab0c-45a0-ae9e-395849b75681
[2074] Liao, Y-W. (2019). The strategy of treatment for drug users in Taiwan – Based upon the patient-centered concept. *International Journal of Business and Social Science, 10*(2), 106-114. DOI: 10.30845/ijbss.v10n2p13.
[2075] Lin, S. (2019, December 18). Legislature passes amendments to stiffen drug law. *Taipei Times.* http://www.taipeitimes.com/News/front/archives/2019/12/18/2003727740
[2076] Focus Taiwan. (2019, June 17). Retired U.S. judge shares best drug court practices to help Taiwan. *Focus Taiwan*. https://focustaiwan.tw/society/201906170014
[2077] *Criminal Code of the Republic of Tajikistan*. (n.d.). Legislationline. https://www.legislationline.org/documents/action/popup/id/8926
[2078] Chingin, A., & Fedorova, O. (2014). *Tajikistan: Drug situation and drug policy*. Council of Europe. https://rm.coe.int/drug-situation-and-drug-policy-by-alex-chingin-and-olga-fedorova-decem/168075f2fe
[2079] Chingin, A., & Fedorova, O. (2014). *Tajikistan: Drug situation and drug policy*. Council of Europe. https://rm.coe.int/drug-situation-and-drug-policy-by-alex-chingin-and-olga-fedorova-decem/168075f2fe
[2080] Chingin, A., & Fedorova, O. (2014). *Tajikistan: Drug situation and drug policy*. Council of Europe. https://rm.coe.int/drug-situation-and-drug-policy-by-alex-chingin-and-olga-fedorova-decem/168075f2fe
[2081] Ibragimov, U., Cooper, H. L., Haardörfer, R., Dunkle, K. L., Zule, W. A., & Wong, F. Y. (2017). Stigmatization of people who inject drugs (PWID) by pharmacists in Tajikistan: Sociocultural context and implications for a pharmacy-based prevention approach. *Harm Reduction Journal*, *14*(1):64. doi: 10.1186/s12954-017-0190-x
[2082] EMCDDA. (2014). *Tajikistan Country Overview 2014*. https://www.emcdda.europa.eu/publications/country-overviews/tj_en
[2083] Chingin, A., & Fedorova, O. (2014). *Tajikistan: Drug situation and drug policy*. Council of Europe. https://rm.coe.int/drug-situation-and-drug-policy-by-alex-chingin-and-olga-fedorova-decem/168075f2fe
[2084] UNODC. (2010). *Tajikistan*. https://www.unodc.org/docs/treatment/CoPro/Web_Tajikistan.pdf
[2085] Penal Reform International. (2019). *Development of the prison system Tajikistan*. https://www.penalreform.org/news/development-of-the-prison-system-tajikistan/
[2086] Office of the Narcotics Control Board. (n.d.). *Narcotics Control Laws*. https://www.oncb.go.th/EN_ONCB/Pages/Law.aspx
[2087] Sungkawan, D. (n.d.). *Thai community-based correctional programmes for narcotics addicts in response to the 2002 Rehabilitation Act: A system approach.* https://www.unafei.or.jp/publications/pdf/RS_No64/No64_12VE_Sungkawan.pdf
[2088] UNODC. (n.d.). *Narcotic Addict Rehabilitation Act B.E. 2534.* Sherloc Database of Legislation. https://sherloc.unodc.org/cld/legislation/tha/narcotic_addict_rehabilitation_act_b.e._2534/sections_30-32/narcotic_addict_rehabilitation_act.html?lng=en
[2089] Ministry of Public Health. (n.d.). *Food and Drug Administration.* https://www.fda.moph.go.th/Pages/fda_law.html
[2090] Office of the Narcotics Control Board. (n.d.). *About Us*. https://www.oncb.go.th/EN_ONCB/Pages/visionANDmission.aspx
[2091] Office of the Narcotics Control Board. (2019). *Thailand Narcotics Control Annual Report 2019.* https://www.oncb.go.th/EN_ONCB/Documents/Thailand%20Narcotics%20Control%20Annual%20Report%202019.pdf

[2092] Office of the Narcotics Control Board. (2019). *Thailand Narcotics Control Annual Report 2019.* https://www.oncb.go.th/EN_ONCB/Documents/Thailand%20Narcotics%20Control%20Annual%20Report%202019.pdf
[2093] Bangkok Post. (2019, August 14). Restorative Justice: An alternative tool for resolving prison overcrowding. https://www.bangkokpost.com/business/restorative-justice-an-alternative-tool-for-resolving-prison-overcrowding
[2094] Saingam, D. (2018). *Substance abuse policy in Thailand: Current challenges and future strategies.* Stanford University Walter H. Shorenstein Asia-Pacific Research Center. http://dx.doi.org/10.4303/jdar/236058
[2095] Office of the Narcotics Control Board. (n.d.). *Treatment Center*. https://www.oncb.go.th/EN_ONCB/Pages/Treatment.aspx
[2096] Office of the Narcotics Control Board. (2019). *Thailand Narcotics Control Annual Report 2019.* https://www.oncb.go.th/EN_ONCB/Documents/Thailand%20Narcotics%20Control%20Annual%20Report%202019.pdf
[2097] Nacapew, S., & Macdonald, V. (2013). *Drug control and harm reduction in Thailand.* International Drug Policy Consortium. http://fileserver.idpc.net/library/IDPC-briefing-paper-Thailand-drug-policy-English.pdf
[2098] Nacapew, S., & Macdonald, V. (2013). *Drug control and harm reduction in Thailand.* International Drug Policy Consortium. http://fileserver.idpc.net/library/IDPC-briefing-paper-Thailand-drug-policy-English.pdf
[2099] Kittayarak, K. (n.d.). *Responding to prison overcrowding: Another attempt from Thailand.* UNAFEI. https://www.unafei.or.jp/publications/pdf/12th_Congress/17Kittipong_Kittayarak.pdf
[2100] Supchokpul, A. (2018). The possibility of using electronic monitoring as an alternative to imprisonment for drug offenders. *International Journal of Crime, Law and Social Issues*, *5*(1), 37-51.
[2101] Sungkawan, D. (n.d.). *Thai community-based correctional programmes for narcotics addicts in response to the 2002 Rehabilitation Act: A system approach.* https://www.unafei.or.jp/publications/pdf/RS_No64/No64_12VE_Sungkawan.pdf
[2102] Kittayarak, K. (n.d.). *Responding to prison overcrowding: Another attempt from Thailand.* UNAFEI. https://www.unafei.or.jp/publications/pdf/12th_Congress/17Kittipong_Kittayarak.pdf
[2103] Nacapew, S., & Macdonald, V. (2013). *Drug control and harm reduction in Thailand.* International Drug Policy Consortium. http://fileserver.idpc.net/library/IDPC-briefing-paper-Thailand-drug-policy-English.pdf
[2104] Democratic Republic of Timor Leste. (2009). *Penal Code*. https://www.wipo.int/edocs/lexdocs/laws/en/tl/tl006en.pdf
[2105] Government of Timor-Leste. (2016). *Draft Law on Fighting Drug Trafficking approved in Parliament*. http://timor-leste.gov.tl/?p=16548&lang=en
[2106] The Asia Foundation. (2018). *Tatoli: Public Perception Survey 2018*. https://asiafoundation.org/wp-content/uploads/2020/03/Timor-Leste_Tatoli_English_fullreport-February2020.pdf
[2107] The Colombo Plan. (2019). *Drug Advisory Programme*. https://colombo-plan.org/drug-advisory-programme/
[2108] Ministry of Tourism Timor Leste. (2020). *Timor-Leste People & Culture*. https://www.timorleste.tl/east-timor/about/people-culture/
[2109] Hall, T., Kakuma, R., Palmer, L., Martins, J., Minas, H., & Kermode, M. (2019). Are people-centred mental health services acceptable and feasible in Timor-Leste?: A qualitative study. *Health Policy and Planning*, *34*(2), 93-103. https://doi.org/10.1093/heapol/czz108
[2110] UNODC. (1997). *Turkmenistan Criminal Code*. Sherloc Database of Legislation. https://sherloc.unodc.org/cld/uploads/res/document/criminal-code-of-turkmenistan_html/Turkmenistan_Criminal_Code.pdf
[2111] Chingin, A., & Fedorova, O. (2014). *Turkmenistan: Drug situation and drug policy*. Council of Europe. https://rm.coe.int/drug-situation-and-drug-policy-by-alex-chingin-and-olga-fedorova-decem/168075f300
[2112] Chingin, A., & Fedorova, O. (2014). *Turkmenistan: Drug situation and drug policy*. Council of Europe. https://rm.coe.int/drug-situation-and-drug-policy-by-alex-chingin-and-olga-fedorova-decem/168075f300
[2113] Delly, J. (2008). *Turkmenistan: Ready to launch a war on drugs?*. Eurasianet. https://eurasianet.org/turkmenistan-ready-to-launch-a-war-on-drugs
[2114] Chingin, A., & Fedorova, O. (2014). *Turkmenistan: Drug situation and drug policy*. Council of Europe. https://rm.coe.int/drug-situation-and-drug-policy-by-alex-chingin-and-olga-fedorova-decem/168075f300

[2115] *Criminal Code of the Republic of Uzbekistan*. (1994). CTBTO. https://www.ctbto.org/fileadmin/user_upload/pdf/Legal_documents/national_provisions/Uzbekistan_CriminalCode_220994.pdf
[2116] Chingin, A., & Fedorova, O. (2014). *Uzbekistan Drug Situation and Drug Policy*. Council of Europe. https://rm.coe.int/drug-situation-and-drug-policy-by-alex-chingin-and-olga-fedorova-decem/168075f32b
[2117] Chingin, A., & Fedorova, O. (2014). *Uzbekistan Drug Situation and Drug Policy*. Council of Europe. https://rm.coe.int/drug-situation-and-drug-policy-by-alex-chingin-and-olga-fedorova-decem/168075f32b
[2118] Penal Reform International. (2019). *Development of the prison system Tajikistan.* https://www.penalreform.org/news/development-of-the-prison-system-tajikistan/
[2119] *Criminal Code of the Republic of Uzbekistan*. (1994). CTBTO. https://www.ctbto.org/fileadmin/user_upload/pdf/Legal_documents/national_provisions/Uzbekistan_CriminalCode_220994.pdf
[2120] UNODC. (n.d.). *Law on Preventing and Ciombatting Narcotic Drugs.* Sherloc Database of Legislation. https://sherloc.unodc.org/cld/legislation/vnm/law_on_preventing_and_combatting_narcotic_drugs/chapter_vii/article_53/law_combatting_narcotics.html?lng=en
[2121] Vuong, T., Ali, R., Baldwin, S., & Mills, S. (2011). Drug policy in Vietnam: A decade of change? *International Journal of Drug Policy, 23(*4), 319-326. https://doi.org/10.1016/j.drugpo.2011.11.005
[2122] Windle, J. (2016). *A slow march from social evil to harm reduction: Drugs and drug policy in Vietnam.* Foreign Policy at Brookings. https://www.brookings.edu/wp-content/uploads/2016/07/WindleVietnam-final.pdf
[2123] Vuong, T., Ali, R., Baldwin, S., & Mills, S. (2011). Drug policy in Vietnam: A decade of change? *International Journal of Drug Policy, 23(*4), 319-326. https://doi.org/10.1016/j.drugpo.2011.11.005
[2124] Truong, D. T., Nguyen, B. D., Nguyen, O. V., Pham, D. C., Luong, H. T., & Cheng, K. (2020). Social norms and political constructions of drug use: A narrative story of Vietnam. *Cogent Social Sciences*, *6*(1). https://doi.org/10.1080/23311886.2020.1838707
[2125] Truong, D. T., Nguyen, B. D., Nguyen, O. V., Pham, D. C., Luong, H. T., & Cheng, K. (2020). Social norms and political constructions of drug use: A narrative story of Vietnam. *Cogent Social Sciences*, *6*(1). https://doi.org/10.1080/23311886.2020.1838707
[2126] International Consortium of Universities for Drug Demand Reduction. (n.d.). *ICUDDR Members*. https://www.icuddr.com/membership/members.aspx
[2127] UNODC. (n.d.). *Viet Nam*. https://www.unodc.org/docs/treatment/CoPro/Web_Viet_Nam.pdf
[2128] Windle, J. (2016). *A slow march from social evil to harm reduction: Drugs and drug policy in Vietnam.* Foreign Policy at Brookings. https://www.brookings.edu/wp-content/uploads/2016/07/WindleVietnam-final.pdf
[2129] US Department of State. (2018). *Drug Treatment Court, A New Approach for Vietnam in Treatment for Drug Addicts*. https://vn.usembassy.gov/drug-treatment-court-a-new-approach-for-vietnam-in-treatment-for-drug-addicts/
[2130] Luong, H. T., Hoang, L. T., Le, T. Q., Hoang, T. A., Vu, M. T., Tran, H. Q., & Thomson, N. (2020). 'We realised we needed a new approach': Government and law enforcement perspectives on the implementation and future of the drug decriminalisation policy in Vietnam. *International Journal of Drug Policy*, 1-7.
[2131] Windle, J. (2016). *A slow march from social evil to harm reduction: Drugs and drug policy in Vietnam.* Foreign Policy at Brookings. https://www.brookings.edu/wp-content/uploads/2016/07/WindleVietnam-final.pdf
[2132] Vuong, T., Ali, R., Baldwin, S., & Mills, S. (2011). Drug policy in Vietnam: A decade of change? *International Journal of Drug Policy, 23(*4), 319-326. https://doi.org/10.1016/j.drugpo.2011.11.005
[2133] Windle, J. (2016). *A slow march from social evil to harm reduction: Drugs and drug policy in Vietnam.* Foreign Policy at Brookings. https://www.brookings.edu/wp-content/uploads/2016/07/WindleVietnam-final.pdf
[2134] Truong, D. T., Nguyen, B. D., Nguyen, O. V., Pham, D. C., Luong, H. T., & Cheng, K. (2020). Social norms and political constructions of drug use: A narrative story of Vietnam. *Cogent Social Sciences*, *6*(1). https://doi.org/10.1080/23311886.2020.1838707